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The History of Surgery

By R. R. FITZGERALD, B.Sc., M.D., C.M., of Montreal.

The story of the origin and growth of the science and art of modern surgery begins with the earliest records of civilisation and is crowded with fascinating incidents, successes, failures, progressions and retrogressions, and only through the work and genius of some of the world's greatest men and women has it been developed to the degree of perfection of the present day.

A visitor to a modern surgical operation enters a tiled room, beautifully clean, properly lighted, heated and ventilated, and equipped with ingenious devices in plumbing and electrical apparatus. Nurses with years of training superintend preparations with skilled efficiency and surgeons carry out standardised operative procedures, according to carefully arranged plans of action. The preparations for operation may have extended over weeks or months; the most ingenious modern equipment may have been used in arriving at a diagnosis, and specialised knowledge in all fields called into use. Anaesthesia is induced, the operation proceeds and ends, the dressing is applied and the patient removed.

It is well for us to remember that every smallest detail in diagnosis of the case and in preparation of the patient, every minutest step in the operation itself, every instrument and every piece of equipment had to be devised by the genius of someone, and, in most cases, had to be forced upon an unbelieving world which was quite unwilling to receive the new truth. The status of the modern surgeon as a helper and servant of the modern physician has only been established relatively in history. It is only during the last two centuries that surgery as a specialty has been admitted into the great brotherhood of the medical sciences.

The first records of surgical operations are probably to be found in the world's museums, where skulls of pre-historic man are to be found containing trephine openings. Scholars have told us that these openings were probably made for the purpose of liberating evil spirits.

That the Egyptians were expert in some branches of surgery has been well established, but a great deal of the knowledge and skill which they had built up has been lost to us. The art of mummification is among those branches of natural science which modern scholars have quite failed to understand.

With these pre-historic beginnings, surgery has advanced in recognisable strides or steps. Each step was made possible by some great advance in natural knowledge, and has been carried out by gifted surgeons who possessed a genius to make use of them and apply them.

The first great step forward in natural knowledge I would regard as the introduction and perfection of philosophy by the ancient Greeks, who gave to the world this great advance in man's mental equipment. To apply philosophy to medicine there came Hippocrates, the Physician of Cos, who is justly honoured as the Father of Medicine. Accurate

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observation and philosophical reasoning placed Hippocrates among the greatest physicians of all time. He knew and practised the surgical treatments of many conditions and left us valuable records and examples, in spite of deficiency of knowledge of anatomy and physiology.

Galen, the Prince of Physicians, left a broad impression upon medicine because of his forceful authority. But to surgery his greatest contributions were anatomical studies, which, as far as they went are in many cases models of excellence. That he contributed so little is due to the fact that surgery was still waiting for a second step forward in natural knowledge. The anatomy of the human body was practically unknown in detail. Moral, religious and social reasons strengthened the laws against dissecting. Vesalius of Padua is probably the one to whom most credit is due for the accurate and complete dissection with good descriptions. To him and his pupils the world owes that great step forward which was made when the body was properly explored and studied.

Even with a knowledge of anatomy, no great surgeon came forward to advance the art. A knowledge of physiology was still lacking, and it was necessary to wait until the reign of Charles the First, and to wait for an Englishman, William Harvey, who described the circulation of the blood and opened the way to modern physiological knowledge. The stage was now set for the great beginnings of surgery. Philosophy, anatomy and physiology were beginning to be understood; and the incessant wars constantly waging in Europe provided abundant material for the application of these great principles. The chief operations performed on the battlefield were amputations. The aftercare consisted of dipping the stump in boiling oil. Harvey's discoveries led practically to ligation of arteries. Simplification of dressings, by which wounds were left open and allowed to drain, made possible the few recoveries which actually occurred.

In the 16th and 17th centuries the letting of blood became one of the great therapeutic measures. Hospital records tell us that blood was let for all manner of disease. The requirements for the operation of letting blood were a sharp knife and reasonably clean surroundings. These requirements were met in the barber shops of the Middle Ages and barbers became the blood letters. In time, more and more important surgical work was given to the barbers by physicians. In our own day the barber pole will remind us of the red blood and white bandages so common in the barber shops of the Middle Ages. In England the barber surgeons formed a Guild which exerted a profound influence upon the British Trade Guilds of that period. From the Guild of the Barber Surgeons there grew the beginnings of the present Royal College of Surgeons of England.

Following the barber surgeons we hear in history more and more of the great amputators. The military surgeons, including Larrey, devised and carried out emergency amputations on the battlefields, and for a long period amputations were the major operations of civil life. The hospital wards were filled with amputation cases. The text-books referred to amputations in long and careful discussions, making them the most important part of a surgeon's work. At this time there were no anaesthetics. Patients were restrained for operation by four or five strong men. The operations were performed very swiftly to avoid suffering and shock.

We have several good descriptions of amputations in Ferguson's time. The surgeon would walk briskly into the operating room, remove his hat, turn up his cuffs and begin. Washing of the hands was dispensed with until after operation, when the blood of the operation and the grime of the operating room could be removed

satisfactorily. With the patient securely held by several strong men, the amputation flaps were cut by dexterous sweeps of a large amputating knife and the bone sawn through. The surgeon would then pick up a ligature hanging conveniently from one of the buttons of his frock coat, tie the large artery, insert two or three sutures, put on his hat and walk out. Speed was the great essential if patients were to live through the operation; the infection which always followed was looked upon as inevitable. Copious pus flowing from the amputation wound gave the surgeon a certain amount of satisfaction (laudable pus), because he knew that retained pus inside the wound meant death.

The next great step forward in natural knowledge was made in France by Louis Pasteur. Pasteur was a chemist employed by the French Government to study the failure of the wine crops in France. He proved that all living things are not visible to the naked eye, but that there is a world of life much too small to be seen with ordinary vision. This fact he deduced from many convincing experiments. He came to the conclusion that fermentation of grapes into wine was the result of active living organisms and that these organisms could be killed by boiling, or by several other methods.

In Pasteur's time there lived in Edinburgh a young English surgeon, Joseph Lister. He was attached to the Royal Infirmary and worked under Syme. He gave particular study to wounds and their infection and possessed the great genius of associating the discoveries of Pasteur with purulent infection following operation. His great vision led him to see that unless surgical wounds were kept free from the minute invisible disease-producing germs scattered everywhere on the surface of the earth, suppuration and failure were bound to follow. Using carbolic acid as a means of destroying the germs, he proceeded, by long and patient experiments, to eradicate bacteria from the wounds of operation patients by excluding them from the hands of the surgeons and from surgical instruments and dressings. The importance of Lister's work cannot be overestimated. His discoveries made possible surgical approach to almost every part of the body, and rid surgical wards of their most terrible scourges—wound infection and hospital gangrene.

Lister's new doctrine of cleanliness and antisepsis met with severe opposition in his own country, but only until it had been tested and verified in other lands. Semmelweiss, of the Maternity Hospital of Vienna, had independently made the first great application of asepsis, when he introduced into his wards the principles of simple cleanliness. Death among his patients, instead of being an expected commonplace occurrence, became a preventable rarity. Simply by enforcing cleanliness and avoiding the possibility of direct infection from patient to patient by physicians, nurses and students, he changed the condition of his hospital to such an extent that the worth of asepsis was permanently proven. The same medical centre of Vienna which produced this work under the genius of Semmelweiss gave the world an almost unbroken line of inspiring surgical talent, including Billroth, whose name associated with the first successful gastrectomy, and his successor, von Eiselsberg, the present holder of the Chair of Surgery in Vienna.

Even with asepsis, surgery was a very cruel and even brutal business. Patients had to be restrained by force while operations were carried out upon them, and it requires but little imagination for us to convince ourselves of the horror of operating rooms before narcosis was introduced. The change from horror to quiet unconsciousness on the part of the patient owes its origin to the successful use of ether by a Boston dentist for the extraction of teeth. After this invention it can truly be

said that surgery began its wonderful progress, which has led to a stage of considerable refinement, and, in some spheres, we occasionally think that it has almost reached perfection. But the beginning of anaesthesia was late in coming and the price paid in suffering by patients of pre-anaesthetic days was a high one. The introduction and perfection of anaesthesia is always a great example to this generation. If we could add to the present surgical knowledge anything approaching in importance the introduction of anaesthesia, our generation would long be remembered and thanked by posterity.

In the last twenty-five years the world's surgical knowledge has been shared by workers of every country, due to the freedom of international travel and to lack of national boundaries in the scientific world. Contributions to progress have been made everywhere and have been universally shared. We may mention the introduction of x-rays by Roentgen and the discovery of radium by the Curies, the discovery of insulin by Banting, and the application of modern methods of efficient organisation and standardisation in surgical clinics by the Mayos and others.

This brief sketch will remind us of some of the events in the story of the growth of surgery. In all our work we keep before ourselves the hope that, as the story of surgery lengthens, the age in which we live will be worthy to take a place, if not in fundamental changes, at least in preserving and utilising the gifts left us by those great men who have gone before.

American Journal of Nursing Celebrates 30th Anniversary

The American Journal of Nursing has completed thirty years of publication. To celebrate this anniversary there has been prepared in pamphlet form a *History of the Journal*. It can be anticipated that this History, which is being sent as a gift to the principals of schools of nursing in the United States, will reveal vividly to present-day students (and teachers) the struggles of women of emboldened spirit and imagination, from Mrs. Isabel Hampton Robb and Miss Mary E. P. Davis, who initiated the *Journal*, to the present Editor and her staff who, by their steadfast faith and willing contribution, have done so much toward achieving the publication of the *Journal* in its present attractive form.

The October number of the *Journal* refers to Miss Davis as possessing "a capacity for sustained drudgery." 'Tis very true that such an attribute is necessary in those striving to maintain a national nursing journal. Probably a greater need for this is manifested today than ever before when there are so many serious problems confronting the profession—problems which must be solved by nurses themselves, especially if they are to be self-governed and independent. It is impossible for readers of *The American Journal of Nursing* not to recognise in the splendid development of that magazine the "sustained drudgery" as well as the clear vision and strong courage of those responsible for its publication.

The Canadian Nurse at this time extends, on behalf of the nurses of Canada, heartiest congratulations on past accomplishments and best wishes for future development of its "older sister," *The American Journal of Nursing*.

Why Limit Your Life to 100 Years?

By J. W. McINTOSH, M.B., D.P.H., Medical Officer of Health, East Burnaby, B.C.

This question is asked from the public health point of view, and means an average age of 100 years at death. Do not, however, place me in the religious sect that advertises "Millions now living shall never die." We will leave that as a hope for our life insurance companies.

The clergy constantly remind us of the Psalmist's dictum: the days of our life are three score and ten and perhaps four score years. From the public health aim, I prefer to refer you back to Genesis vi, 3: "My spirit shall not always strive with man, for that he also is flesh, yet his days shall be an hundred and twenty years," for with our life insurance friends, that is our aim; whether it is necessary to stop there or not, we will consider later.

This is primarily a statistical study, with consideration of its application to public health problems. Like the medicos, you nurses as a profession are giving more and more time to prevention rather than cure.

We should realise early, with Emerson, that "The first wealth is health."

In the last 300 years the average life-span has been constantly lengthened (from 31 years to 55). In the 17th and 18th centuries, in Europe, life was lengthened at the rate of about four years per century. In the first three-quarters of the 19th century in Europe the rate increased to nine years per century. In the last quarter of the 19th century in Massachusetts the rate was 14 years; in Europe, 17 years; in Prussia, 27 years per century. The first quarter of the 20th century in the United States of America, in England, and in Germany the rate was 40 years. In Baltimore, Professor Raymond Pearl showed that in half a century there was a rate of increase of 30 years per century. In London, in the last quarter century, there was an increase in the length of life at a rate of 45 years per century; in Germany this was as great as 60 years per century, that is an actual increase of 15 years in the average age of all persons dying during that 25 years over the preceding 25 years.

In 1909, Professor Irving Fisher, of Yale, predicted that in the next fifteen years there would be a reduction of the death rate that would add fifteen years to the average life-span in the United States, and gave the estimated percentage reduction in each of certain diseases. It was reached in eight years instead of fifteen years.

Mortality statistics have been supplied by the Metropolitan Life Insurance Co. of 19,000,000 insured persons in the United States and Canada, comprising one-seventh of their total population, one-third of their urban population, and 72% of the registered area of the United States. The figures are for the individual years from 1911 till 1929, so that they are right up to date. While there are variations from year to year, the general trend for the diseases given is steadily either up or down, and in each instance where there is a decline in death rate, 1911 was the highest recorded and 1929 the lowest on record, and *vice versa* for where there is an increase. It would thus appear that these figures tell a story of an altering cause of death in Canada and the United States, and with a great reduction on the whole. The rates given are deaths per 100,000 of population. I have placed them in order from the greatest decrease to the greatest increase, and have chosen those showing the most marked tendencies. You will notice that the decreases are chiefly in contagious diseases as a cause of death, while the increases

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are in certain very significant directions, which are of enough interest to form a story by itself.

Deaths Per 100,000 Population

The decreases were:

	1911	1929	Percentage Dec.	Inc.
Typhoid fever	22.8	2.3	90%	
Scarlet fever	13.1	2.6	80%	
Measles	11.4	2.4	79%	
Diphtheria	27.3	8.5	69%	
Tuberculosis	224.6	85.6	62%	
Tuberculosis (Vancouver)		85.88		
Whooping cough	7.1	2.9	59%	
Puerperal causes	19.8	13.5	32%	

Note: The decreases were largely as a result of a campaign of preventive measures.

The increases were:

	1911	1929	Percentage Dec.	Inc.
Heart affections	141.8	146.1		3%
Cancer	68.0	77.3		14%
Cancer (Vancouver)		131.3		
Diabetes	13.3	18.2		38%
Automobile accidents	2.3	20.9		809%

In the U.S. Steel Corporation, twenty years of accident prevention gave a death reduction from accident of 60%, and a reduction from less serious accidents of 80%. In the University of Wisconsin, in eight years, the illness rate was reduced by 50%. Dr. Dublin, of the Metropolitan Life Insurance Company, says that the possibilities are present now of extending life another ten years by the application of what is now known, without future discoveries or changing habits. Dr. Hornell Hart, of Bryn Mawr College, from his statistical study, concludes that by the year 2000 the average life will be 100 years, many living to 200; an extension of life-rate of 80 years per century. He claims it is a matter of control of man's environment, with discoveries accelerating the rate of control.

Let us turn aside for a moment of levity, essential in a talk on statistics. Whipple, in a study of the causes of death, gives some interesting samples of what were actually recorded causes of death in the United States. I have picked out a few specimens for your amusement, and to show that statistics from some deaths as registered at present are subject to a certain amount of discount.

Reported causes of death in the United States (Whipple's work on Vital Statistics):

1. Chronic disease.
2. Delicate from birth.
3. Died suddenly, nothing serious.
4. Went to bed feeling well, but woke up dead.
5. Deceased had never been fatally sick.
6. Last illness caused by chronic rheumatism, but was cured before death.
7. Death caused by five doctors.
8. Deceased died from blood poison caused by a broken ankle, which is remarkable, as the automobile struck him between the lamp and the radiator.
9. Died suddenly at the age 103. To this time he bid fair to reach a ripe old age.

This last one seems apropos of the subject under consideration.

Professor Fisher's Study

Can the rate of increase of life-span go on increasing indefinitely or is there a limit?

There are two ways of looking at this: first, to set a limit to life at, say, 100 years and prevent the premature deaths; second, to extend the so-called life limit, if there is one. Heretofore the great lengthening has been in the early years, changing the curve of survivorship but not its length. If 100 years is the limit, and the rate of progress of life-lengthening gradually diminishes, then a 100-year average would never quite be reached.

Today the average life in the United States is 56, in the Metropolitan Life (1921-23) 58 years. At the bottom is India with 23 years, and at the top New Zealand with 65 years.

In England in 1850, one-quarter of the people died before 5 years of age.

By 1900, one-quarter of the people died before 40 years of age, giving a 35-year increase.

In 1850, one-half of the people died before 45 years of age.

By 1900, one-half of the people died before 65 years of age, giving a 20-year increase.

In 1850, three-quarters of the people died before 70 years of age.

By 1900, three-quarters of the people died before 75 years of age, giving a 5-year increase.

Between 1850 and 1900, in the fourth quarter, there was no increase in age at the time of death.

Dr. Dublin does not allow for improvements after 80 years of age. He quotes England in the mid-18th century, when after age 45, the expectation of life was better than today. Halley's life tables (1687-91) show that over the age of 80 the expectation was then greater than today. Karl Pearson states that in ancient Egypt, though the average life was only 30 years, that after 68 the expectation was greater owing to natural selection. Irving Fisher, on the other hand, says a life limit of 100 is just a bogey and will be beaten, and gives his reasons.

Professor Fisher stresses the fact that actuarial tables do not point to any definite span, but that the chance of survivorship diminishes indefinitely, but with no known or knowable limit. This is the lesson of actuarial science, though Fisher seems to have been the first to note it. He offers five indications that the 100-year limit will be beaten, to which I have been bold enough to add two more.

Reason 1: In mortality tables, after age 60, while mortality increases, its rate remains constant till 85, after which it decreases, i.e., the rate of mortality, relative to those living and over 85, decreases.

In Norway, while nonagenarians had one chance in three of dying, centenarians had but one chance in four. If 100 years was a limit (or natural span) it would be the opposite to this: the force of mortality should grow heavier. Therefore on the basis of statistics the evidence is the reverse of indicative of 100 as a limit. The death rate is lower and lower in percentage of those who reach each year past the 100-year mark. In other words, there is a chance of survivorship which diminishes indefinitely but with no apparent limit; that is to say, *there is no natural life-span with a limit.*

Reason 2: Removal of deleterious influences after 100 tends to still further prolong life. Histories of the aged show that they live more hygienically than most people and than their predecessors, but not yet perfect; there is still room for further improvement.

Reason 3: Recently the mortality rates are beginning to diminish at the upper age groups. There are vital statistics recently to substantiate this.

Reason 4: The experience of life insurance companies, of census bureaux, and of special investigators show more and more living to 105, 110, and even 120 (e.g., Mrs. Mary L. Wood, of Portland, Oregon, 120, authenticated). Fisher says the oldest authentic was Dragenberg (1626-1772), 146 years, who though married at 111 again proposed at 130, but was rejected.

Reason 5: Modern biology finds the life of many tissue cells potentially immortal (vide Pearl, "The Biology of Death": Johns Hopkins University), also Loeb's actual demonstrations in the laboratory. Woodruff, of Yale, found no natural death in 8,500 generations of paramecium (yeast), and the culture going as strong at the end as at the beginning. Morgan, of Columbia, found 1/250th of a worm will regenerate and be younger than the original. Carrel has kept the cells of a chicken embryo's heart alive for many years by washing out the poisons generated in the life process (intra) and protecting against infection (extra) and food deficiency.

To which I venture to add two more reasons:

Reason 6: Heredity studies in embryology. Weissmann's theory of the continuity of the germ plasm is now accepted. The germ plasm does not die but is segregated in special cells, practically uninfluenced by the rest of the body and handed on unchanged or slowly changed from generation to generation. In other words, it is relatively immortal, a constant line for billions of years.

Reason 7: Modern physics and chemistry have so far lifted the veil from the nature and structure of the atom of matter, giving more than a glimmer of understanding of the interlocking of energy and matter, as

to suggest from the studies of physicists like Rutherford and mathematicians like Einstein possibilities relative to continuity that stagger one (i.e., proton and electrons in rings, with jumps from ring to ring). As to the age-old query, "What is life?" Professor Jeans has made an interesting guess. This, however, is no time or place to be tempted into this path other than to call attention to the signboard, so to speak.

Taken all in all, biologists are gradually giving up the idea of a natural death or set life-span and coming to the idea that all death is, in the idea of Metchnikoff, using the term in its wide sense, accidental. This is a revolutionary change of view, but is no more so than the ultimate atom of matter being actually pushed back into electricity as positive and negative particles or quanta, or than Einstein's startling but now accepted theory of relativity of time and space.

These various considerations suggest an indefinite extension of life, just as a watch's usefulness, if well made and carefully protected, may be indefinitely prolonged. So, if man is well made in the first place: careful selection in heredity, and ideally handled afterwards (environment), there is no normal natural limit to life; in other words, not that on the average, or in the aggregate, man may live to 70, 100, or even 120, and no further. It may be that some epoch-making find or findings may open up some new Garden of Eden of longevity where man may be permitted to take possession.

The problem before public health is to work towards still further prolonging life and usefulness.

What Are the Means of Attacking the Problem?

The great Pasteur said, "It is within the power of man to rid himself of every parasitic disease!", using parasitic in its wide, not narrow, meaning. This embraces a large proportion of the present causes of death. Eliminating accident, cancer and every doubtful cause, I made out over 70% from the Vancouver death list. Going further, Dr. H. W. Hill estimated somewhere about 90%, I think, of deaths due to preventable causes, whether parasitic or otherwise. Of these causes, lack of application of present knowledge fails to get adequate results just as much as does lack of knowledge of ways and means. Besides this lagging of action behind opportunity, a competence of wealth may tend to engender ease and over-indulgence. Civilisation with its wealth first brought bad sanitation, and now civilisation per science is gradually clearing up the mess.

Dr. Dublin says one-third of the deaths that occur from day to day are preventable. New York State aimed to wipe out diphtheria by 1930; the city of Hamilton, Ontario, has practically wiped it out (vide Fitzgerald, University of Toronto, publication, April, 1930). To date, the gains have largely been in control of infectious disease, pre-natal and child welfare, etc., with one result that more live to the age of wear and tear with:

1. Heart, artery and kidney causes increased;
2. Cancer age reached in greater numbers; and
3. Auto accidents call for an ever-increasing sacrifice. (Vide above, Metropolitan Life statistics on the increase in fatalities due to automobiles.)

The Task

1. Individual Hygiene, after Hygeia, the goddess of health. Before an audience of graduate nurses it is superfluous to dwell upon this. Here the "doctrine of long life" may be summed up as "*mens sana, in corpore sano*" (a sound mind in a sound body), under four heads:

(*a*) A contented yet active mind.

(*b*) A well nourished yet exercised body.

(*c*) Sanitary environment.

(*d*) An empty colon or store-house: the last, perhaps the most important, was raised to a gospel by the physician Metchnikoff (multiple elimination); also by the surgeon Sir Arbuthnot Lane, who for a consideration would deprive one of his colon—a

single elimination, so to speak—or double, if one counts the colon as one, and the depleted pocket-book as another!

2. Heredity: The dictum, "To live long, choose long-lived ancestors," might with profit be studied by those thinking matrimonially, as that seems to be the only opportunity to choose thus. Alexander Graham Bell's research showed that the children of parents who both reached 80 years had an advantage of almost 20 years longer life over those whose parents died under 60, 52.7 and 32.8 years respectively.

Apart from this, the main department overdue for legislative power for public health to interfere is to prevent mental defectives from having offspring. But this is a topic requiring special treatment by itself, though it is one which should receive your attention and active support.

3. Semi-public preventive measures, such as industrial hygiene and medicine, anti-tuberculosis and other associations, life insurance companies' activities, et cetera.

In this section, just as an example, take the following: the life insurance companies instituted periodical medical examinations, and this is fraught with wonderful potentialities, if made general, as a part of state health insurance.

The Life Extension Institute: One large company spent $60,000.00 in six years on policy-holders in periodic examinations and had an actual gain of $120,000.00 in extra premiums from those whose lives were extended as a result, giving 100% on its investment. In nine years there was an actual average reduction in deaths of 18% in those policy-holders submitting to periodical examinations, and in impaired lives a 53% reduction.

After that experience 44 other insurance companies joined the service, and by 1927 over 500,000 had been thus re-examined. As an added gain it stimulated medical men to pay more attention to individual hygiene. It is worthy of note that there was some defect, either physical or in mode of life, found in 99% of those examined. The Guardian Life had a 23% reduction in death rate of policy-holders by periodical re-examination.

With these results, what may we not expect should civilisation ever really take hold of health ideals?

4. Prevention as well as cure by physicians and nurses. The public will more and more require of doctors and nurses the practice of overhauling when well to eliminate the potential cause of illness, such as overweight, faulty posture, sugar or albumin in the urine, foci of disease, and to practise mental hygiene. Dentistry and industrial medicine are well advanced in this line. Also doctors and nurses will still further advocate external preventive measures, acting as advisers of hygienic habits and surroundings.

Example: Professor Ryan (Tufts Medical College) by repeated examination of industrial workers (not ill) got the following percentage of cases cured within one year of first examination: general medical cases, 69% cured; eye, ear, nose and throat cases, 53% cured; surgical cases, 62% cured. These were all potential breakdowns, "a stitch in time saving nine." Disease foci were so prevalent that in 8,000 cases examined it was impossible to secure a pure group large enough for comparison. It is inadequate advice, "When you feel ill consult a doctor at once." This should be substituted with, "Have periodical inspection when well to prevent illness." As other causes of death go down, heart and cancer causes increase. To offset the former, doctors will more and more endeavour to eliminate potential foci of disease, and also make greater use of cardiographic examinations.

5. *Public Health Measures*: They are manifold, but there is only time to mention four points or needs for expansion in effort:

A. *Cancer* and cancer studied in conjunction with tuberculosis. It was

my first intention to make this the topic for this evening: second thought, to embody it in my paper; next, that it was too important and called for more time, so I dismiss it with four items.

(1) The fact of its great increase, e.g., 176% increase in New York City in fifty years, and 14% increase in eighteen years, amongst 19,000,000 insured persons in the United States and Canada (vide super.)

(2) Its enormous incidence in Vancouver, where the death rate from cancer in 1929 was over 131 per 100,000 population, compared to all Canada's rate of 87 per 100,000 in 1928. In 1929 cancer headed the list of causes of death—for the first time. Vancouver's 1929 cancer death rate was nearly 70% (69.51) more than for the 19,000,000 insured persons in the United States and Canada, mentioned above.

(3) The demand is being made for active campaigning on the part of health boards, and was actually carried out in one city of Massachusetts, along lines partly as advocated by myself in Vancouver five years ago, and worked out in Burnaby for two years, then discontinued on account of lack of help.

(4) The need for cancer clinics and cancer research, preferably under federal auspices. This is outlined in an article in *The Canadian Public Health Journal*, April, 1930, under title of a proposed "Dominion Medical Service."

B. *Provincial Board of Health or Health Commission*: I know Dr. Underhill (M.O.H., Vancouver) endorses the advocacy of this for British Columbia:

1. A Provincial Board of Health unassociated with politics. (In British Columbia the Provincial Cabinet is the Provincial Board of Health—enough said.)

2. A Board made up of experts, whose sole care is public health; such, for example, as: (1) Judge, or one versed in the legal aspect; (2) public health medical expert; (3) sanitary engineer; (4) political economist; (5) industrial expert.

C. *State Health Insurance*: As this has been taken up in a recent address, which was published in the June number of *The Canadian Nurse*, suffice it to say that competent experts are of the opinion that state health insurance will probably contribute more than any other one thing towards public weal and public health.

D. *Finance*: This topic was handled by me a couple of years ago before the Burnaby Board of Trade. It is a topic by itself, yet if there were time it should be taken up here to show that money well spent on prevention of ill-health buys the greatest return. Dr. Louis Dublin's figures are astounding, but only vary from the truth in understating the case. Had I time I think I could prove to you that, for example, under Dr. Underhill's department in Vancouver there has been a saving in ten years valued at $5,189,148.00, or over $500,000.00 per annum, in the economic value to the community of the lives saved of those under one year of age alone, and at an insignificant cost. To this, of course, should be added the cost of illness, which is computed at from $19.00 to $30.00 per capita per annum, and the sorrows and suffering besides. If this could reach the conviction of the people their representatives would quadruple the allowance to the Health Department and bring it in Vancouver up to the minimum of $2.50 per capita per annum required by Dr. Underhill, instead of which the appropriation requested was drastically cut by the City Council a week or so ago.

It will scarcely do to finish without pointing a moral to adorn the tale. If the Public Health Department works only to prolong life, for the weal of the individual to live unto himself, then I would like to dissociate myself from it.

The lesson I read into modern revelations is that Reason and Intent are behind it all and that each person is inextricably bound up in the whole, and may will either to hinder by a choice to live unto himself alone or to help the process by a free, willing service.

The Administration of Chloroform in Obstetrics by Nurses

By WESLEY BOURNE, M.D., C.M., M.Sc., McGill University, Montreal.

The preambulary remark that nurses are still being called upon to administer chloroform to the parturient woman excuses as it explains this exposition of the subject.

Shortly after ether was used to produce anaesthesia it was found that chloroform would do the same and not only act more rapidly but with less irritation to the upper respiratory passages. In consequence analgesia and anaesthesia may be brought about in a much shorter time and with more immediate comfort to the patient by chloroform than with ether. It was not long, however, until chloroform was discovered to be very much more poisonous than ether. These two anaesthetic agents may be compared in the following manner, that is, concerning their actions on the heart, the blood, the lungs, the liver and the kidneys.

Heart

The concentration of chloroform in the inspired air necessary to produce anaesthesia is 1.35 volumes per cent., and that which causes death is a very little more than 2.0 vols. per cent., whereas with ether the figures are 6.0 vols. per cent. and 11.0 vols. per cent. respectively; the margins of safety being 0.65 vols. per cent. in the case of chloroform and 5.0 vols. per cent. in that of ether. The concentrations in the blood sufficient for anaesthesia are, with chloroform, 0.05 per cent., and with ether, 0.14 per cent. Those which cause death are, in the case of the former drug, 0.07 per cent., and the latter, 0.25 to 0.3 per cent. The relative margins of safety are again apparent. Ordinarily, when these dangerous concentrations are reached breathing stops first and the heart after, but, with a sudden increase of them in the case of chloroform, what is known as ventricular fibrillation occurs and the heart stops first, the muscle fibres of the ventricle contract and relax without their usual rhythm, there is a flutter of the whole viscus, the walls of the pump are not approximated, the blood is therefore not pushed along and death supervenes rapidly. Some speak of this condition as syncope and others as chloroform idiosyncrasy, but the truth of the matter is that a deep breath of more than 2 per cent. of chloroform has been taken into the lungs and a sufficiency of the drug has been absorbed into the blood to poison the heart muscle. This occurs usually at the borderland of the first and second stages of anaesthesia. One should prevent this by keeping the mask two inches away from the patient's face and having on the gauze an area of chloroform saturation not more than that of a Canadian five cent piece, remembering, however, that it matters more particularly how much the patient gets than how much there is on the mask. When your patient holds her breath you know that she will in time suddenly take a deep inspiration in a reactive and compensatory manner. If at that time too much chloroform is in the inspired air the heart will stop. To the incontrovertibility of all this may be added that no matter how careful you are, no matter how favourable all of the associated circumstances may be, chloroform will always cause a marked fall in blood pressure, that is, will always depress the circulatory system to a greater degree than does any other inhalation anaesthetic. The deleterious effects of ether in these regards are relatively so insignificant that they need not be considered at this time.

Blood

Ordinarily in healthy subjects none of the effects of anaesthetics on the blood are of sufficient importance to

occasion much alarm, but one should be familiar with these, particularly for the management of the hazardous risks. There is a slight degree of haemolysis, which is not worth talking about. The blood clots more slowly with chloroform than with other sleep-producing drugs; bleeding is therefore enhanced. The blood becomes concentrated with chloroform as with ether on account of water leaving the blood for the tissues. This is the real reason for the giving of an abundance of fluids before, during and after an anaesthetic by any avenue. Another action of anaesthetics on the blood is that which is called acidosis. All of the agents have this effect with varying degrees of intensity, chloroform being most active. What actually occurs is that the blood becomes less alkaline than it ordinarily is on account of the migration of phosphoric and lactic acids from the muscles to the blood. The importance of an intelligent conception of the acidosis of anaesthesia may be realised when one considers that some patients are already in a state of acidosis; for example, the diabetic individual and in the toxaemias of pregnancy. The alleviation of the acidosis of anaesthesia is a subject in itself. In the anaesthesias of ether and chloroform there is an increase in the blood sugar, and when morphine is given beforehand the degree of hyperglycaemia is greater.

Lungs

There can be no doubt but that chloroform causes less immediate damage to the external respiratory parts than does ether. It is this feature that has given good reason for its popularity. At the nose it is less offensive; in the throat, not so much irritation occurs; coughing, sneezing, holding of the breath, spasms of the vocal cords, mucus formation and such like are less likely than with ether, and yet if ether is used carefully, these may be almost completely offset. One is dubious about the comparative harm done by these two anaesthetics to respiration in an internal sense, for as chloroform is the more poisonous in every other respect, it would seem that its apparent benison from this point of view might be a mistake. Be this as it may, in so far as obstetrics is concerned and for the ordinary administrator, chloroform may better well be chosen for cases wherein there exist pulmonary complications.

Liver

We now come to a very important part of the subject. The liver possesses so many vital functions that interference with them is always a serious matter. It has been known for a long time that chloroform attacks this organ in what would seem to be a specific manner. Chloroform causes a fatty infiltration of all tissues. If it is given in small quantities over several months the result will be an atrophic cirrhosis of the liver. In the young and occasionally in adults it has caused acute yellow atrophy, which is sometimes fatal. In such a case at necropsy the liver will show swelling of the cells with fat infiltration and necrosis. Whereas in normal cases with ether there is a slight disturbance of liver function, which disappears within forty-eight hours, with chloroform the activity of this organ becomes increasingly impaired for several days—"delayed chloroform poisoning"—and does not return to normal for six weeks. This comparison is taken from accepted facts. It should be made clear that the healthy individual is affected in this manner even though the ordinary outward and visible signs are not manifest. If such is the case with normal ones, what then might be expected with those in whom the liver is previously diseased?

Kidney

Concomitant with the general state of quiescence and depression which most hypnotics and anaesthetics produce, the activity of the kidney is lessened. Depending upon the degree of narcosis, anuria or oliguria always happens when ether or chloroform is

given. The extent of kidney depression is much more marked with chloroform than with ether. Both agents lower the minute rate of urine flow, the effect of chloroform in this respect being greater than that of ether. While there is a percentage decrease of the output of urea as a result of the administration of either chloroform or ether, this effect is more marked in the case of the former, and while there is a pouring out of phosphorous in the urine on account of the use of ether, the action of chloroform in this respect is augmented. Other observations on the function of the kidney show equally well that chloroform is more damaging to this organ than is ether.

Undoubtedly there are several other better methods of relieving the pains of a woman who is in the act of giving birth, such as the judicious use of scopolamine, morphine, procaine, alcohol, amytal, avertin, nitrous oxide, ethylene, acetylene; any one of these or some of them together. When better relaxation is required enough ether should be added. An abundance of oxygen is always commendable as well as small percentages of carbon dioxide, sufficient to stimulate the respiratory centres of the mother and child. Nevertheless, it is not in the province of the nurse to familiarize herself too much with the meticulous details that go along with the use of these substances.

BELIEF

All things are possible to him who believeth. There is merit apparently in the act of believing itself. In the act of believing itself we find something positive, robust. In disbelief there is negation, the temper that doubts, hesitates, lets the opportunity go by. It is probably no more than just to say that of the things accomplished in the world most are wrought by the sanguine, the confident, the minds that look up and anticipate the best. They *believe*. They believe in themselves and in the task in hand even if in nothing else.

But it is something. Experience shows us that a belief that goes no farther, or very little farther, than this will often produce gigantic results. All things, or many things, on which the heart is set will prove possible to even this measure of assurance. In the material development of the British Empire and the United States this measure of assurance has been seen time and time again to brace the strength, to put the mind on the alert, to fire the imagination. It would be easy to give instances in which the belief in a few stout hearts has borne up against all the opposition of the feeble and discouraged, and won out. Far from being rare instances, they would be commonplaces in the careers of traders, explorers, soldiers, sailors, immigrants, and engineers. In our own individual lives most of us can recall occasions when all seemed lost but belief, and belief in the end had its victory. (*From Faith and Success by Basil King.*)

National Council of Women in Canada

The National Council of Women opened the first session of its thirty-seventh annual meeting at the Foxhead Inn, Niagara Falls, Ontario, on October 6th, 1930.

A reception and dinner was held at the Refectory, given by the Provincial Government and presided over by Mrs. A. J. Holman, President of the Niagara Falls Branch. The Honourable W. G. Martin, Minister of Public Welfare, was the speaker, and drew the attention of all in his appeal for the under-privileged child. It was the desire of the National Council of Women to establish a bond between these children and mankind.

The Catholic School Board of Montreal has been especially active in aiding the sub-normal child. Mrs. Bundy, Vice-President, stressed the need for additional care for the feeble-minded in Ontario.

Mrs. Plumptre, convener of Maternal Welfare, gave a comprehensive report, emphasizing the necessity for reducing infant mortality. Canada from 1926-29 reduced her infant mortality from 101.8 to 92.2 per thousand.

Unfortunately the maternal death-rate in Canada is too high. In four years more than 5,285 mothers died in child-birth. The Victorian Order of Nurses and the Red Cross Outposts service have worked to save the lives of women in child-birth. Maternity wards have been improved and pre-natal clinics established. The Canadian Nurses Association has issued a comprehensive questionnaire on the training of nurses, which includes a section on training for obstetrical work. The organisation of a service of mid-wives in Canada was suggested.

In Great Britain a special committee has reported the need for more careful pre-natal diagnosis and treatment, and it comments on the large number of deaths from puerperal sepsis. The British Medical Association has approved a scheme for general medical service for the nation under the National Health Insurance Acts.

To reduce maternal death-rate there should be:

(a) A statistical survey, showing facts of the situation.

(b) A campaign of popular education, establishing clinics and improving hospital accommodation for maternity cases.

(c) The medical and nursing professions should organise to meet and improve conditions.

Dr. Mabel Hannington, of St. John, N.B., condemned the general sterilisation of the mentally defective. Dr. Hannington recommended that the Council drop this topic for the next few years. On the motion of Mrs. R. G. Smythe, Toronto, Ontario, and Dr. Margaret Patterson, the Council decided to come to no decision regarding the sterilisation of mental defectives until further consideration was given it. Dr. Hannington commended educational authorities in Vancouver inaugurating instructions upon the subject of mental hygiene in the Normal School.

Dr. Edna Guest, of Toronto, discussed the trend toward state medicine through compulsory health insurance. She regretted the possibility of the swallowing up of the family physician under a system of state medicine. This lacks the personal touch. Dr. Guest thought the Council should carry on an intensive educational campaign to make pre-marriage health certificates a necessity.

Mrs. Plumptre spoke of the lack of success of the Toronto Board of Education to bring about medical inspection in the secondary schools. She advocated the Council taking the necessary steps to make this possible.

Miss Winnifred Kydd, M.A., Montreal, dealt very ably with the subject of immigration, showing the activity of the Council in studying living conditions of immigrants, encouraging community work and doing personal work among the newcomers.

JENNIE M. ALLEN,
Representative of The Canadian Nurses Association.

New Brunswick—Annual Meeting Report

The 1930 annual meeting of the New Brunswick Registered Nurses Association was held at Bathurst, September 9th and 10th. An average of 40 delegates were in attendance from the various sections of the Province. The first day was given over almost entirely to reports of the business affairs and progress of the year. The treasurer's report showed that the finances were in a satisfactory condition; while the report of the secretary showed a steady increase in membership, and that the adoption of annual membership cards had proven most successful. The president in her address recommended that measures to ensure compulsory registration of all nurses on active duty in the Province be adopted; that the twenty-four hour duty be abolished; that investigation be made of the inclusion of student nurses under the Workmen's Compensation Act as "low grade employees" and of their status as students and their relation as such to the hospital being entirely ignored.

The first day's sessions concluded with a drive to Rough Waters, a spot of lovely beauty, where afternoon tea was served to the visitors. In the evening a dinner followed by a reception and dance, was held in the Masonic Hall.

Tuesday morning was devoted to the hearing and discussing of the report of the Committee on the Constitution and By-Laws which dealt with the changes which are desired in the present Registration Act, as well as the new By-Laws, in which the following changes were made:

Provision for associate membership for nurses not on active duty in the Province, but resident in it.

Provision for the writing of registration examinations by student nurse within three months of graduation: Certificate withheld until student completes her term of training.

Provision for lengthening the time limit required for filing registration examination papers.

Notice of change in Constitution or By-Laws be changed from six months to three months.

Registration fee to be made ten dollars, including membership for one year in the Association.

Amendments to the Constitution will make provision for the following:

Compulsory Grade X certificate for all applicants desiring R.N. Certificate.

The daily average of all hospitals conducting schools of nursing shall be 50 daily occupied beds; hospitals having less shall be required to affiliate with a hospital of not less than 75 daily occupied beds which provides the services not obtainable for instruction in the original school.

Withdrawal of the residential qualification for applicants for registration.

Withdrawal of the waiver permitting the issue of R.N. Certificates without examination after December, 1931.

Compulsory registration for all nurses engaged in active duty in the Province.

The report from the Private Duty Section recommended the establishment of hourly nursing service in all districts and the regulation fee of $1.00 for the first additional patient, fifty cents for the second or multiple nursing. The Nursing Education Section reported that further development would be more likely upon completion of the Nursing Survey, in this particular field. All nurses were urged to do their utmost in complying promptly and fully with requests received in the form of questionnaires, etc. The Public Health Section showed a year of commendable activity in its very comprehensive report.

At noon the delegates were entertained at luncheon at "Youhall", the lovely home of Mrs. Angus MacLean.

The afternoon session preceding the election of officers and council members was taken up with concluding the business of the morning session. A recommendation was made that the Association approach the Department of Education with a request for financial assistance in securing an adviser for schools of nursing.

A very comprehensive and detailed report of the Biennial Meeting, C.N.A. was read by the delegate, Miss E. J. Mitchell. The Association heard with much pleasure that the Canadian Nurses Association had accepted their invitation to hold their 1932 Biennial Meeting at Saint John. Following this report, the Secretary read the report of the resolutions passed at the C.N.A. meeting.

Three very fine addresses were given during the progress of the meetings. Dr. Veniot's address was on "The Endocrine Glands", Dr. MacPherson spoke on "Cesarean Section", the concluding address, "Diseases of the Middle Ear, and Mastoid Operation", was given by Dr. Dumont.

The 1931 annual meeting is to be held at Fredericton, the capital of the Province. A recommendation was made that less entertaining be arranged for those attending the annual meetings, omitting that usually planned for the second day.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss ANNIE LAWRIE, Royal Alexandra Hospital, Edmonton, Alta.

Teaching Anatomy in the School of Nursing

By Sister M. ANNUNCIATA, St. Martha's Hospital, Antigonish, N.S.

The study of anatomy is difficult, but the instructor can make it an interesting and a fascinating one for the class. Chiefly two factors constitute this difficulty. First, anatomy has a certain mathematical quality which demands exactness and accuracy. Second, a multiplicity of new terms which will frequently reappear in other subjects must be learned. In fact, these terms must become a fixture in the mind and a permanent part of the professional vocabulary of the properly educated nurse. Hence, the exact nature of the subject and the number of new terms to be learned in a comparatively short time are the factors which render the subject difficult to master.

For these reasons the students' interest must be aroused and the lesson must be presented in the most practical and attractive manner possible. Today, all educators agree that nothing would be more fatal in the teaching of any subject than to follow absolutely a text book containing condensed facts.

The student nurse who takes up the study of anatomy should be helped to realise early that general ideas on the subject, such as she experienced in high school regarding history, geography, etc., are of no use. In the first place, she must be thoroughly impressed with the fact that anatomy calls for clear, definite answers and not merely general remarks. The mental pictures formed by the instructor must be exact in outline and clear in quality if the best results are to be gained. When a problem is understood its solution is in sight. Lack of aim and lack of analysis in struggling with a problem usually spell failure. A few suggestions are offered here which may be helpful in meeting the difficulty in teaching anatomy.

Presentation: The instructor should be a thorough master of her subject. This implies a vast knowledge and a good background enriched by reading and studying the larger anatomical texts and other books, so that she will possess the power of illustration in teaching her subject to the students.

In teaching professionalised courses one should strive to avoid being academic. To lead the student to the point where the subject ceases to have professional value is a serious error. One who can relate the study of human structure and function of the wonderful processes of human development is capable of holding the student's attention, and instead of anatomy being looked upon as a boring and difficult study it may become intensely interesting and absorbing.

Daily Quizz: Oral quizzing is highly important in teaching anatomy, and the first ten minutes of the class period should be devoted to it. If this quizzing presents good questions the time might be profitably extended. Pointless questions and rambling

(Read at the Maritime Convention of the Catholic Hospital Association held June 12th, 1930, at Sydney, Cape Breton.)

answers should be avoided. Good questions stimulate thought and are actually productive.

In the oral quizz, the instructor should first present the question and then call upon the student. If there is a delay in answering, or if there is only a hazy, indefinite statement, the question should be passed to another without being repeated. Every student in the class should be made to feel responsible for the question that is passed along. The technique used by the teacher in quizzing is highly important. It may be the means of creating in the student a very favourable, receptive state of mind by provoking alertness and a sense of responsibility, or, on the other hand, it may unfortunately degenerate into a mere routine of questions and answers.

The instructor should use the new words that appear in each lesson and thus encourage the students to enlarge their vocabulary. Difficult words and terms should be written on the blackboard.

The daily quizzes stress the necessity of constant and careful preparation of lessons. The student who allows her work to pile up is creating new difficulties for herself. The baneful practice of trying to accomplish in a few hours what should be covered in a few weeks should be discouraged. This practice may be justified at certain times with some subjects, but it is an absolute failure with anatomy. The quizz thus affords a splendid indication of how the student stands in her class work.

Opportunity for Questions: The students should be encouraged to ask questions during the quizz or during the lecture. In this way the principles of the socialised recitation method is exercised in the opportunity given for questions. The instructor should guide the discussion with tact and discretion in order that the best results may be reaped. The main purpose of these questions should be kept before the mind's eye, namely, to clear misunderstandings, to solve difficulties and to encourage the student to participate more fully in the exercise.

Note Books: The use of note books is recommended to aid the memory and understanding and to stimulate regular preparation of lessons assigned. The note books should contain drawings of anatomical structures, bones, muscular attachments, viscera and such. The use of coloured lead is valuable in drawings. Visual memory is very helpful in recalling and in mastering the subject. (Occasionally the note books may be submitted to the instructor for constructive criticism.)

Demonstration of Material: Demonstration of anatomical material is strictly essential. An adult skeleton should be in every class-room. Skeletons of a foetus, infant and young child would add greatly to the interest of the class and are very valuable for comparative purposes.

Charts hung by the roller-shade arrangement are very convenient and should form part of the equipment of every class-room.

Preserved specimens showing ligaments, heart (especially fresh beef heart), brain, and round steak bone to show marrow and periosteum are very valuable and can be obtained without difficulty.

Surface Topography: Surface anatomy is intensely interesting and most practical. The location of bony points: mastoid processes, maxilla, frontal and maxillary sinuses, clavicles, fontanels, acromial processes, styloid processes, cervical prominence, hip joint, head of fibula, malleoli, triangle of neck, arches of the feet and other important parts offer a most interesting study.

Study of Biology: Members of this conference have been favoured with classes in biology through a summer school course given by the University of St. Francis Xavier, which offers a splendid opportunity for learning modern methods in teaching the subject of anatomy. The dissection of animals and other features of the

course proved of great practical value to those who were so fortunate as to receive this benefit. It is well known that these two subjects are closely related and that anatomy, both comparative and human, fits admirably into the scheme of the biological curriculum.

Opportunity for Study: Without an opportunity for study, without proper laboratory facilities, the efforts of the teacher are positively fruitless. The laboratory should be open to the students, and opportunity for all possible study of bones, manikin, charts, etc., provided. This will prove of immense benefit to both students and teacher.

To sum up briefly the general principles of teaching anatomy to student nurses, we find that in these living graphic studies impressions formed in the mind of the student are lasting because the teachings are true to nature and to fact. The actual visualising of the size, location and action of organs offers a very interesting modern method of enabling the student to obtain and retain a thorough knowledge of anatomy. Lectures combined with discussion between instructor and pupils, reviews (both oral and written), demonstration of material and laboratory exercises, all help to overcome the difficulties which the study of anatomy presents.

In conclusion, I wish to emphasize the necessity of arousing enthusiasm and interest in the class. Enthusiasm is defined as "A God-inspired quality of interest and devotion to the work in hand, lifting its possessor over obstacles and carrying him forward in the face of opposition. It makes work a joy instead of a drudgery, constantly leading to better performances. It is the divine spark that kindles the torch of progress." Unquestionably, enthusiasm cannot be taught, but the method employed in presenting the lesson will go a long way towards creating it. Thus interest is awakened and there is instilled into the class a hearty desire to know more about the human structure which the study of anatomy offers.

BACK COPIES WANTED

A letter from the Secretary, International Council of Nurses, to the Canadian Nurses Association, announces that complete collections of all official journals of member organisations in Council, excepting three, have been obtained for Headquarters in Geneva.

A list of copies of *The Canadian Nurse* required to complete that journal has been received: about three-quarters of the missing copies can be supplied by the National Office. Anyone willing to donate or sell one or more of the remaining copies as listed is requested to communicate at an early date with the Executive Secretary, C.N.A., 511 Boyd Building, Winnipeg.

1916—February, March, April, June, July, August.
1917—January, February, April, May, June, July, September.
1918—September.
1919—October.
1920—June, October.
1922—February.
1923—February, March, April.

SUMMARY OF REPLIES TO QUESTIONNAIRES TO TRAINING SCHOOLS FOR NURSES

Submitted by the Special Committee on Nursing Standards of the Nursing Education Section, Canadian Nurses Association.
Prepared by the Convener, Miss Beatrice Ellis, Superintendent of Nurses, The Toronto Western Hospital, Toronto.

p. 593-596
see Correspondence 10/11/31

RECOMMENDATION No. 2.—"That as far as possible the same standard of requirement be demanded in Training Schools throughout the Dominion, making that standard as high as is felt to be compatible with existing conditions."

	Alberta Schools circularized...12 Schools replying...10	**British Columbia** Schools circularized... Schools replying...16	**Manitoba** Schools circularized...14 Schools replying... 9	**New Brunswick** Schools circularized... Schools replying...12	**Nova Scotia** Schools circularized... Schools replying...15	**Ontario** Schools circularized...96 Schools replying...67	**Prince Edward Island** Schools circularized...3 Schools replying...2	**Quebec** Schools circularized... Schools replying...11	**Saskatchewan** School circularized... Schools replying...13
1. What preliminary education do you require for admission of student nurses to your Training School?	Grade 8...1 Grade 9...2 Grade 10...4 Grade 11...3	2 years High School...15 3 years High School... 1	Grade 10...7 Grade 11...2	All Schools; 2 years High School.	1 year High School... 2 2 years High School...13	Entrance... 2 1 year High School... 1 2 years High School...55 3 years High School... 7 4 years High School... 2 (or over)	Grade 8...1 1 year High School...1	Elementary Diploma...2 1 year High School...4 2 years High School...2 3 years High School...1 4 years High School...2 or over	1 year High School...2 2 years High School...8 3 years High School... 3
2. Are students ever accepted who do not have this minimum requirement?	Grade 9—No...1 Grade 10—No...4 Grade 10—Yes...2 Grade 11—Yes...3	No.	No...8 Yes...1	All Schools have accepted 1 year, but beginning 1930, will reject all who have not completed Grade X.	1 yr. H.S., occasionally 1 2 yrs. H.S., occasionally 4	2 years—Yes...28 3 years—Occasionally.. 5 4 years—Occasionally.. 1	Not accepted...2	1 year H.S.—Yes...2 2 years H.S.—Yes...2 3 years H.S.—Yes...2 4 years H.S.—Yes...2	1 year H.S. —Yes...1 2 years H.S.—Yes...2 3 years H.S.—Yes...2
3. What is accepted as the equivalent for this minimum requirement?	Equivalent of Grade 11: Grade 10 and Business Course; Course in School of Agriculture; Personality.	No equivalent...6 1 year H.S. with Business Course...2 English Private School or Oxford and Cambridge Local...1	No equivalent...8 Grade 10 with 1 year Home Economics...1	1 year Normal School. Subjects at High School.	General Office Experience...1 1 year H.S. and 1 year Business...1 When student is educated where standards are different	1 year High School... 3 Home Management... 3 Common Sense... 1 Business Experience..17 Business Course...27 Night School... 5 Private School, etc...12 Tech. or Voc. School, etc... 3	Commercial Course...1	Ability to write French 1 2 years H.S. and Business Course...2 Travel and culture... 1 Private Tuition...1 2 years H.S. and responsibility, etc...1	Business Course...3 1 year H.S. and Business Course...1
4. About what proportion of your students have: (a) 1 Year High School; (b) 2 Years High School; (c) 3 Years High School; (d) 4 Years High School; or over.	Less than 1 year... 8% (a)...20% (b)...47% (c)...21% (d)... 4%	(a)... (b)...62% (c)...30% (d)... 8%	(a)... 5% (b)...57% (c)...36% (d)... 2%	(a)...38% (b)...35% (c)...27%	(a)... 8% (b)...62% (c)...26% (d)... 4%	H.S. Entrance... 1% (a)...13% (b)...43% (c)...21% (d)...22%	(a)...40% (b)... 5% Remainder not specified. Only 1 School replied.	(a)...35% (b)...15% (c)...22% (d)...28%	(a)...26% (b)...34% (c)...38% (d)... 2%
5. Have you experienced any difficulty in making the class work worth while and interesting to the student of more advanced education and yet within the grasp of the less well educated?	No...10	No...13 Yes... 2 No reply... 1	No...9	Yes...5 No...7	No...12	Yes...18 No...45	Yes...1	Yes...4 No...6	No...7 Yes...4
6. What do you consider the minimum preliminary education which it is desirable to accept?	Grade 9...2 Grade 10...3 Grade 11...5	1 year High School...1 2 years High School...9 3 years High School...4 Complete High School..1	Grade 10...5 Grade 11...4	High School Graduate..4 Grade X...	2 years High School...11 3 years High School... 2 4 years High School... 1	H.S. Entrance... 2 1 year High School... 3 2 years High School...34 3 years High School...10 4 years High School...16	2 years High School...1	H.S. Entrance...1 1 year High School...2 2 years High School...3 3 years High School...2 4 years High School...2	2 years High School...8 3 years High School...4 4 years High School...1
7. Would you anticipate any difficulty in obtaining a sufficient number of students if you adhered to this desirable requirement?	Grade 9—No... Grade 10—No... Grade 11—No... 3 —Yes...2	2 years H.S.—Yes...2 No...7 3 years H.S.—No...2 Yes...2	Grade 10—No...5 Yes...2 Grade 11—No...2	No...6 Yes...6	2 years H.S.—Yes...2 3 years H.S.—Yes...2 4 years H.S.—Yes...1	H.S. Ent.—No... 1 Yes... 1 1 yr. H.S. —No... 2 Yes... 1 2 yrs. H.S.—No...22 Yes...10 3 yrs. H.S.—No... 3 Yes... 7 4 yrs. H.S.—No... 3 Yes...13	2 years H.S.—Yes...1	1 year H.S.—No...1 Yes...1 2 years H.S.—No...2 Yes...2 3 years H.S.—No...3 4 years H.S. Yes...2	2 years H.S.—No...5 Yes...2 3 years H.S.—No...1 Yes...3 4 years H.S.—Yes... unless made general.
8. Have you any difficulty in getting qualified instructors to carry on the teaching work satisfactorily? If so, to what do you attribute this difficulty?	No difficulty...7 Difficulty...3	No difficulty...5 Difficulty...4 No Instructor...3 Instructors do not wish to small towns.	Difficulty...9 Lack of background of education and post-graduate study	No difficulty...6 Difficulty...4 Expense of training.	No difficulty...7 Difficulty...3 Lack of interest and supply.	No difficulty...25 Difficulty...10 Too few nurses interested. Lack of attraction and opportunities.	No answers.	No Difficulty...7 Difficulty...4	No difficulty...6 Lack of funds and interest.
9. What is the average number of student nurses?	Under 10...1 10-19...2 30-40...2 70-100...3 110...1 125...1	Under 10...2 10-19...7 20-39...2 55-100...3 150...1 300...1 (lowest—3)	10-20...4 50...1 65...1 75...1 167...1 260...1	10-20...1 20-30...8 34...1 42...1 70...1	Under 10...1 10-19...5 20-29...3 30-49...3 65...1	Under 10... 6 10-19...15 20-29...12 30-39... 8 40-49... 8 50-59... 3 60-69... 3 70-80... 3 100-125... 4 160-170... 2 210... 1 250... 1 (lowest No. 5)	21...1 23...1	10-20...1 20-40...3 50...1 100-125...2 200...1	10-20...6 21-30...2 31-40...1 60-80...2 100...1 150...1
10 How many full time instructors do you have?	None...3 One...7	None...6 One...8 Two...2	None...2 One...5 Two...2	One...5	None...5 One...6 Two...1	None...31 One...18 Two... 8 Three... 3 Four... 1	None.	None...1 One...6 Two...2 Three...1	None...3 One...5 Two...1
11. What are the hours of duty for: (a) Day Nurses—	8 hours...2 8½ hours...1 9 hours...3 9½ hours...1 10-11 hours...3	8 hours...6 8½ hours...2 9 hours...6 10 hours...1 7-7 hours...1	10 hour day and 66 hour week...6 8 hour day and 52 hour week...1	10-hour day...9 9-hour day...3	12-hour day (?)...2 10-hour day...11 9-hour day... 1 8-hour day... 1	54-hour week... 2 55-hour week... 5 56-hour week... 6 57-hour week...47 58-hour week... 2 60-hour week... 1 62-hour week... 1 67-hour week... 1 7-7... 1	9-hour day...1 10-hour day...1	8-hour day...2 9-hour day...3 9½-hour day...1 10-hour day...3 11-hour day...1	8 hours...1 8½ hours...2 9 hours...1 10 hours...7 7-7 hours...2
(b) Night Nurses—	9 hours...1 10 hours...4 11 hours...2 12 hours...3	8 hours...1 8½ hours...1 9 hours...3 10 hours...6 10½ hours...1 12 hours...3	No report.	9-hour night...1 10-hour night...2 11-hour night...3 12-hour night...6	8-hour night... 1 10-hour night... 2 12-hour night...12	54-hour week... 1 56-hour week... 1 63-hour week... 2 66-hour week... 2 70-hour week...17 74-hour week... 3 76-hour week... 1 77-hour week... 2 80-hour week... 1 84-hour week...35	12-hour night...2	10-hour night... 4 10½-hour night... 1 11½-hour night... 1 12-hour night...12	9 hours... 1 12 hours...11 6 hours off during week 1 2½ hours off during week... 1
12. Are class hours included in the students' off duty time?	No...4 Yes...4 At times...2	No...7 Yes...6 Partially...2 At times...1	No...3 Yes...5 For 5 hours per week...1	No...4 Yes...5 Partially...3	No...7 Yes...4 Sometimes...4	No...23 Yes...43	Yes...2	No...4 Yes...6 Sometimes...1	No...5 Yes...8
13. At what hours of the duty do night nurses have their classes?	After 4 p.m...8 3-5 p.m...1 7-9 a.m...3	Majority 8 or 9 a.m. or 3.30-4 p.m.	4 p.m...7 Same as others...1 Doctors' lectures p.m.	Majority, 8 or 9 a.m. and after 4 p.m.	After 4 p.m...4 After 6 p.m...6 Before 10 a.m...5	Majority, 8 or 9 a.m. 4 or 6 p.m. All evening classes...2	3, 4, or 5 p.m...1 After 4 p.m...1	After 2 p.m...1 Before 9. a.m...1 No classes for N. Nrs...1 Majority between 3.30 and 6 p.m.	Majority, 7-9 a.m. or 3-6 p.m.
14. Do your students take any of their subjects in High Schools, Technical Schools or other outside Schools? If so, what?	Yes... 2 Chemistry... 1 Dietetics... 1 No...12	Yes... 2 No... 7	Yes—Chemistry... 2 No...10	Yes... 2 No... 9	Yes... 2 No...13	Yes—Chemistry...36 Anatomy... 1 Dietetics...18 Centralized Course... 6	No... 1	Yes—Chemistry } Dietetics } ...4 No... 8	Yes... 5 (Chemistry, Psychology, Dietetics, etc.)
15. Are the above courses satisfactory?	Yes... 1	Yes... 2	Yes...	Yes... 2	Yes... 1 No... 1	Yes...33 Moderately so... 6 No... 4	No... 1	Yes...	Yes... 5
16. What subjects, if any, do you consider might be given to advantage in the High School work to relieve the teaching problem of the Training Schools?	Chemistry... 7 Bacteriology... 3 Anat. and Phys... 5 Hygiene and San... 3 Dietetics... 2 Drugs and Solutions... 1 Latin... 2	Chemistry... 6 Bacteriology... 1 Anatomy... 1 Hygiene and San... 2 Dietetics... 2 Home Economics... 1 History of Nursing... 1	Chemistry... 7 Bacteriology... 2 Anatomy and Phys... 3 Hygiene and San... 4 Biology... 1 Domestic Science... 1 Physics... 1	Chemistry... Hygiene and San... Anatomy and Phys... Dietetics... Psychology... Sociology... Biology...	Chemistry... Hygiene and San... Dietetics... Physics... Psychology...	Chemistry...40 Bacteriology... 5 Anat. and Physiology.. 8 Hygiene and San...18 Dietetics...24 Psychology... 6 Physics... 7	Chemistry...	Chemistry... Hygiene... Anatomy and Phys...	Chemistry...3 Dietetics...3 Anatomy and Phys...2

(b) Night Nurses—	9 hours 1 10 hours 4 11 hours 2 12 hours 3	8 hours 1 8½ hours 1 9 hours 3 10 hours 6 10½ hours 1 12 hours 3	No report.	9-hour night 1 10-hour night 2 11-hour night 3 12-hour night 6	8-hour night 1 10-hour night 2 12-hour night 12	60-hour week 1 62-hour week 1 67-hour week 1 7-7 1 54-hour week 1 56-hour week 1 63-hour week 2 66-hour week 2 70-hour week 17 74-hour week 3 76-hour week 1 77-hour week 2 80-hour week 1 84-hour week 35	12-hour night 2	10-hour night 4 10½-hour night 1 11½-hour night 1 12-hour night 12	9 hours 1 12 hours 11 6 hours off during week 1 2½ hours off during week 1
12. Are class hours included in the students' off duty time?	No 4 Yes 4 At times 2	No 7 Yes 6 Partially 2 At times 1	No 3 Yes 5 For 5 hours per week 1	No 4 Yes 5 Partially 3	No 7 Yes 4 Sometimes 4	No 23 Yes 43	Yes 2	No 4 Yes 6 Sometimes 1	No 5 Yes 8
13. At what hours of the duty do night nurses have their classes?	After 4 p.m. 8 3-5 p.m. 1 7-9 a.m. 3	Majority 8 or 9 a.m. or 3.30-4 p.m.	4 p.m. 7 Same as others 1 Doctors' lectures p.m.	Majority, 8 or 9 a.m. and after 4 p.m.	After 4 p.m. 4 After 6 p.m. 6 Before 10 a.m. 5	Majority, 8 or 9 a.m. 4 or 6 p.m. All evening classes 2	3, 4, or 5 p.m. 1 After 4 p.m. 1	After 2 p.m. 1 Before 9. a.m. 1 No classes for N. Nrs. 1 Majority between 3.30 and 6 p.m.	Majority, 7-9 a.m. or 3-6 p.m.
14. Do your students take any of their subjects in High Schools, Technical Schools or other outside Schools? If so, what?	Yes 2 Chemistry 1 Dietetics 1 No 12	Yes 2 No 7	Yes—Chemistry 2 No 10	Yes 2 No 9	Yes 2 No 13	Yes—Chemistry 36 Anatomy 1 Dietetics 18 Centralized Course 6	No 1	Yes—Chemistry, Dietetics 4 No 8	Yes 5 (Chemistry, Psychology, Dietetics, etc.)
15. Are the above courses satisfactory?	Yes 1	Yes 2	Yes	Yes 2	Yes 1 No 1	Yes 33 Moderately so 6 No 4	No 1	Yes	Yes 5
16. What subjects, if any, do you consider might be given to advantage in the High School work to relieve the teaching problem of the Training Schools?	Chemistry 7 Bacteriology 3 Anat. and Phys. 5 Hygiene and San. 3 Dietetics 2 Drugs and Solutions 1 Latin 2 Personal Hygiene 1 Emphasized writing, spelling, arithmetic, composition.	Chemistry 6 Bacteriology 1 Anatomy 1 Hygiene and San. 2 Dietetics 2 Home Economics 1 History of Nursing 1 Psychology 2 Latin 1	Chemistry 7 Bacteriology 2 Anatomy and Phys. 3 Hygiene and San. 4 Biology 1 Domestic Science 1 Physics 1 First Aid 1 Latin 1 Emphasized spelling, writing, English.	Chemistry Hygiene and San. Anatomy and Phys. Dietetics Psychology Sociology Biology Physical Culture	Chemistry Hygiene and San. Dietetics Physics Psychology	Chemistry 40 Bacteriology 5 Anat. and Physiology 8 Hygiene and San. 18 Dietetics 24 Psychology 6 Physics 7 History of Nursing 3 Materia Medica 1 Biology 1 Latin 2 Emphasize English, arithmatic, spelling, composition.	Chemistry	Chemistry Hygiene Anatomy and Phys.	Chemistry 3 Dietetics 3 Anatomy and Phys. 2
17. Have you found it necessary to have graduate nurses on general duty or lay helpers to assist on the wards on account of increased class-work?	No 10 Yes 4 Sometimes 1	No 8 Yes—Graduates 1 Lay Helpers 1	No 9 Yes—Graduates 1 Lay Helpers 2	No 11	No 12 Yes 2	No 48 Yes 17	No 2	No 10 Yes 2	No 5 Yes 3

RECOMMENDATION No. 4.—"That a definite minimum age limit be adhered to in case of applicants desiring to enter the Training Schools, students frequently being willing to sacrifice their education, if delayed, provided they can gain entrance to a Training school while still of school age."

1. Have you a definite minimum age limit for entrance to your Training School? If so, what?	18 years 13 19 years 3	Yes 9 No 1	18 years 9 19 years 4	18 years 3 19 years 4 20 years 4	18 years 3 19 years 8 20 years 3 21 years 1	18 years 44 19 years 17 20 years 3 21 years 2	21 years 1	18 years 11 19 years 1	18 years 4 19 years 5
2. Do you have any difficulty in adhering to this age limit through lack of applicants of desirable age?	18 years—No 11 Yes 2 19 years—No 2 Yes 1	No 10	18 years—Yes 9 19 years—Yes 3	No 4 Yes 2 At times 5	No 8 Yes 1	18 years—No 37 Yes 7 19 years—No 11 Yes 6 20 years—No 1 Yes 3 21 years—Yes 2	No 1	No 12	No 6
3. Do you have many applicants who are too young?	Yes 11 No 2 A few 13	Yes 7 No 3	Yes 7 No 6	Yes 6 No 1 A few 1 5% to 10% 2	Yes 8 No 5 A few 2	Yes 39 No 25	Yes 2	No 2 A few 10	Yes 9
4. What advice do you give applicants whom you consider too young?	Continue High School 11 Clerical work 1 Wait until older 1 More knowledge of home life 1	To return to School.	Continue High School 9 Wait until older 1	To continue studies.	Wait until older. To continue studies. Learn housework.	Return to school 55 Wait until older 5	To return later.	Continue studies or, if matriculants, study housekeeping.	Continue High School.
5. Do many of these applicants return to you later?	Yes 6 A few 1 No 3	Yes 9	Yes 4 About 50% 1 Fair average 1 Seldom 3	Yes 5 No 1 A few 3 50% 1 5% 1	Yes 6 No 2 Few 4	Yes 26 A few 16 No 20	Yes 1 Seldom 1	Yes 7 No 5	Yes 5 No 4
6. Do you find any increase in illness among your students, which you would attribute to the younger age at which they are being admitted to our Training Schools?	Yes 2 No 9	Yes 3 No 7	Yes 3 No 8	Yes 3 No 8	Yes 2 No 10	Yes 12 No 46 ? 5	No 1	Yes 1 No 8	Yes 3 No 6
7. Is verification of the student's age required?	Yes 15 No 1	Yes 5 No 5	Yes 3 No 10	Yes 5 No 6	Yes 5 No 9	Yes 23 No 41	No answer.	Yes 5 No 7	Yes 2 No 5

RECOMMENDATION No. 5.—"That definite credentials regarding qualifications be required."

1. Do you require your applicants to give you educational credentials?	Yes 16	Yes 8 No 2	Yes 11 No 2	Yes 11	Yes 14 No 1	Yes 60 No 7	Yes 1 No 1	Yes 12	Yes 7 No 2
2. Are forms supplied the applicant from the Training Schools?	Yes 14 No 2	Yes 3 No 7	Yes 10 No 2	Yes 5 No 2	Yes 7 No 6	Yes 55 No 3	No 1	Yes 6 No 6	No 9

						84-hour week 1 84-hour week 35				
12. Are class hours included in the students' off duty time?	No 4 Yes 4 At times 2	No 7 Yes 6 Partially 2 At times 1	No 3 Yes 5 For 5 hours per week 1	No 4 Yes 5 Partially 3	No 7 Yes 4 Sometimes 4	No 23 Yes 43	Yes 2	No 4 Yes 6 Sometimes 1	No 5 Yes 8
13. At what hours of the duty do night nurses have their classes?	After 4 p.m. 8 3-5 p.m. 1 7-9 a.m. 3	Majority 8 or 9 a.m. or 3.30-4 p.m.	4 p.m. 7 Same as others 1 Doctors' lectures p.m.	Majority, 8 or 9 a.m. and after 4 p.m.	After 4 p.m. 4 After 6 p.m. 6 Before 10 a.m. 5	Majority, 8 or 9 a.m. 4 or 6 p.m. All evening classes 2	3, 4, or 5 p.m. 1 After 4 p.m. 1	After 2 p.m. 1 Before 9. a.m. 1 No classes for N. Nrs. 1 Majority between 3.30 and 6 p.m.	Majority, 7-9 a.m. or 3-6 p.m.
14. Do your students take any of their subjects in High Schools, Technical Schools or other outside Schools? If so, what?	Yes 2 Chemistry 1 Dietetics 1 No 12	Yes 2 No 7	Yes—Chemistry 2 No 10	Yes 2 No 9	Yes 2 No 13	Yes—Chemistry 36 Anatomy 1 Dietetics 18 Centralized Course 6	No 1	Yes—Chemistry, Dietetics 4 No 8	Yes 5 (Chemistry, Psychology, Dietetics, etc.)
15. Are the above courses satisfactory?	Yes 1	Yes 2	Yes	Yes 2	Yes 1 No 1	Yes 33 Moderately so 6 No 4	No 1	Yes	Yes 5
16. What subjects, if any, do you consider might be given to advantage in the High School work to relieve the teaching problem of the Training Schools?	Chemistry 7 Bacteriology 3 Anat. and Phys. 5 Hygiene and San. 3 Dietetics 2 Drugs and Solutions 1 Latin 2 Personal Hygiene 1 Emphasized writing, spelling, arithmetic, composition.	Chemistry 6 Bacteriology 1 Anatomy 1 Hygiene and San. 2 Dietetics 2 Home Economics 1 History of Nursing 1 Psychology 2 Latin 1	Chemistry 7 Bacteriology 2 Anatomy and Phys. 3 Hygiene and San. 4 Biology 1 Domestic Science 1 Physics 1 First Aid 1 Latin 1 Emphasized spelling, writing, English.	Chemistry Hygiene and San. Anatomy and Phys. Dietetics Psychology Sociology Biology Physical Culture	Chemistry Hygiene and San. Dietetics Physics Psychology	Chemistry 40 Bacteriology 5 Anat. and Physiology 8 Hygiene and San. 18 Dietetics 24 Psychology 6 Physics 7 History of Nursing 3 Materia Medica 1 Biology 1 Latin 2 Emphasize English, arithmatic, spelling, composition.	Chemistry	Chemistry Hygiene Anatomy and Phys.	Chemistry 3 Dietetics 3 Anatomy and Phys. 2
17. Have you found it necessary to have graduate nurses on general duty or lay helpers to assist on the wards on account of increased class-work?	No 10 Yes 4 Sometimes 1	No 8 Yes—Graduates 1 Lay Helpers 1	No 9 Yes—Graduates 1 Lay Helpers 2	No 11	No 12 Yes 2	No 48 Yes 17	No 2	No 10 Yes 2	No 5 Yes 3

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1. Have you a definite minimum age limit for entrance to your Training School? If so, what?	18 years 13 19 years 3	Yes 9 No 1	18 years 9 19 years 4	18 years 3 19 years 4 20 years 4	18 years 3 19 years 8 20 years 3 21 years 1	18 years 44 19 years 17 20 years 3 21 years 2	21 years 1	18 years 11 19 years 1	18 years 4 19 years 5
2. Do you have any difficulty in adhering to this age limit through lack of applicants of desirable age?	18 years—No 11 Yes 2 19 years—No 2 Yes 1	No 10	18 years—Yes 9 19 years—Yes 3	No 4 Yes 2 At times 5	No 8 Yes 1	18 years—No 37 Yes 7 19 years—No 11 Yes 6 20 years—No 1 Yes 3 21 years—Yes 2	No 1	No 12	No 6
3. Do you have many applicants who are too young?	Yes 11 No 2 A few 13	Yes 7 No 3	Yes 7 No 6	Yes 6 No 1 A few 1 5% to 10% 2	Yes 8 No 5 A few 2	Yes 39 No 25	Yes 2	No 2 A few 10	Yes 9
4 What advice do you give applicants whom you consider too young?	Continue High School 11 Clerical work 1 Wait until older 1 More knowledge of home life 1	To return to School.	Continue High School 9 Wait until older 1	To continue studies.	Wait until older. To continue studies. Learn housework.	Return to school 55 Wait until older 5	To return later.	Continue studies or, if matriculants, study housekeeping.	Continue High School.
5. Do many of these applicants return to you later?	Yes 6 A few 1 No 3	Yes 9	Yes 4 About 50% 1 Fair average 1 Seldom 3	Yes 5 No 1 A few 3 50% 1 5% 1	Yes 6 No 2 Few 4	Yes 26 A few 16 No 20	Yes 1 Seldom 1	Yes 7 No 5	Yes 5 No 4
6. Do you find any increase in illness among your students, which you would attribute to the younger age at which they are being admitted to our Training Schools?	Yes 2 No 9	Yes 3 No 7	Yes 3 No 8	Yes 3 No 8	Yes 2 No 10	Yes 12 No 46 ? 5	No 1	Yes 1 No 8	Yes 3 No 6
7. Is verification of the student's age required?	Yes 15 No 1	Yes 5 No 5	Yes 3 No 10	Yes 5 No 6	Yes 5 No 9	Yes 25 No 41	No answer.	Yes 5 No 7	Yes 2 No 5

RECOMMENDATION No. 5.—"That definite credentials regarding qualifications be required."

1. Do you require your applicants to give you educational credentials?	Yes 16	Yes 8 No 2	Yes 11 No 2	Yes 11	Yes 14 No 1	Yes 60 No 7	Yes 1 No 1	Yes 12	Yes 7 No 2
2. Are forms supplied the applicant from the Training Schools?	Yes 14 No 2	Yes 3 No 7	Yes 10 No 2	Yes 5 No 2	Yes 7 No 6	Yes 55 No 3	No 1	Yes 6 No 6	No 9
3. Are these credentials, if required, filled in by the Authorities of the school from which her education was obtained, or by the applicant herself?	By authorities 15 By student, but signed by authorities 1	By some authority 9	By authorities 8 By applicant 1 Original document 1	By school authorities 10 By applicant 1	By authorities 13	By authorities 50 By student and signed by authorities 10	By authorities. 1	All credentials signed by Principal of last school. In 3 cases, sworn to before Justice of the Peace	By school authorities. 9

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss CLARA BROWN, 153 Bedford Road, Toronto, Ont.

Habit Training

Presented at a Weekly District Conference

By PHOEBE A. CRAWFORD, Staff Nurse, Montreal Branch,
Victorian Order of Nurses.

Aim—

(1) To help our mothers to realise the effect of good habit training on character building.
(2) To help them to solve their every-day problems.

Introduction

Habit is such an ordinary, every-day word that I am sure we all know its meaning; yet if you or I were asked to put into words just what we mean by habit we would find it rather a difficult matter. But because habit is so important in the life of every person, especially the child, it will be worth while stopping a moment to consider its meaning.

Habit Formation

Our nervous system might be compared in a way to freshly made concrete. You know how easy it is to leave a foot-print on a newly-laid concrete sidewalk, and with every successive foot-print the track or path becomes deeper and deeper until finally when the concrete hardens the path is made permanent and cannot be removed.

So it is with our nervous system; it is soft and plastic enough to receive impressions, but once the impression is repeated often enough it becomes hard to remove. Thus our habits are pathways in our nervous system, traced out by the way we have of doing one thing, and each time we repeat the doing of this particular thing the pathway is made deeper and deeper until later the impression is hard to remove.

The brain and spinal cord are plastic enough to receive impressions but rigid enough to retain them. For example, as children it was hard for us to learn to lace our shoes, yet since then we have laced them so frequently we have overcome the difficulty. In fact, we could almost do it with our eyes shut, and further, we can often think about something else while we are doing it. It has become a habit to lace our shoes each morning, hard at first to learn, but becoming easier and easier each time it was done until now the action is automatic.

So you can readily see that it is well to think about habit training early in your baby's life.

A young mother on asking, "When should I start to train my baby to obey?" received this answer from a well-known psychiatrist, "When his grandparents were two weeks old."

Good Habits

For the first month of a baby's life, regularity is the habit we want to stress, for if he gets his bath, his meals, and his sleep at certain intervals and in regular order; is kept clean, properly fed and generally comfortable, with a good deal of letting alone, he is not only getting all that he needs but learning his first lessons.

The best time for a baby's bath is in the morning, before his mid-morning feeding; for the older child, the evening may be better, as by that time he usually needs it.

Never put baby to bed with his bottle; he must learn that he goes to bed to sleep.

At sixteen to eighteen months, start teaching him to feed himself; you will be very unsuccessful at first,

and it will not be a very tidy job, but it will gradually come. Hold his small baby spoon in his hand and try to train him to carry the food to his mouth; when he is able to feed himself leave him alone at meal time; don't let him play with his food, if he is not finished in a set time take it away.

He should have a bed to himself and, if possible, a room. Don't play with him at bedtime and then spank him for not going to sleep. Remember that the brain tires before the muscles and that over-excitement or keeping him up beyond his bed time tires and excites him, making it difficult for him to go to sleep.

Bad Habits

Remember crying is one of his ways of exercising and that when you pick him up every time he cries you are forming a habit for him, and a bad one, for he will very soon know that all he has to do is to cry and fond parents and relations will rush madly and pick him up. Sometimes he chooses the middle of the night to exercise, not knowing the difference between day and night. If he is kept out of his usual surroundings for an hour or so in the middle of the afternoon, putting him in the middle of a big bed, loosening his clothes to allow him to kick, and leaving him alone, he might have his cry out then, much to the pleasure of all concerned.

As he gets older make his surroundings as simple as possible; he is now learning to handle his toys, to find out that his rattle is hard, his ball soft, that if he throws them down someone is sure to pick them up—don't, leave them alone; he will then learn not to drop them, and later to pick them up himself. When he hurts himself on a chair or falls on the floor, show him how to avoid these things next time rather than slap them and call them bad; they are not at fault, he is. In making his surroundings simple, we are saving the countless "Don't touch that's" and "Baby mustn't's." Give him a few toys at a time and something simple. Do not force toys on him beyond his years. We have all seen a child playing happily with a paper or piece of string, neglecting all his other toys. He understands paper and string, he has seen them used.

When he disobeys, make no scene or he will do it again to create a scene and set the stage for a tantrum. The quickest way to cure a tantrum is to get at the cause. If it is used to get his own way, stop giving it to him; if to gain attention, stop paying attention—when the spoiled child learns that a tantrum does not get him anything, not even a spanking, he will stop.

A simple remedy for thumb sucking is pinning the sleeve of his nightdress to the top of his diaper, or a corrugated cardboard cuff encircling the elbow. The pacifier habit is broken by destroying the pacifier.

Bed-wetting should not be unduly prolonged if the child has been carefully trained. It may indicate delayed development. The child should not be punished. Give no fluids after 4 p.m.; pay particular attention to regular emptying of bladder during day and at bed time; lift the child for the same reason at 10 or 11 p.m., and again through the night if necessary and first thing on waking in the morning. If this does not control, consult the family physician. Don't, however, expect to allow the child to continue this bad habit until he is four or five years and then think to cure it in a week or two.

A stubborn child should be helped to forget himself; do not try to break his will simply because you are in control; often he wants to conform to your wish, but he can't bring himself to do so. Make it as easy as possible for him to climb down without seeming to do so, and leave him alone. Later talk to him about the unreasonableness of his conduct. Give few commands—be sure they are reasonable. Remember the child is not only part of you, but of his ancestors. If you are stubborn, try and correct the fault in him by trying to correct your own

fault; never discuss your disability before him.

If money is taken, make him go without something that the money was to buy. If he brings home something that does not belong to him, make him take it back. *Respect his things, never take anything belonging to him without asking him first—give him a place to keep his things*—he collects all sorts of things—rubbish to us but precious to him. He will grow out of it.

He loves stories—confuses the things that happen in the stories to things he wishes might happen to him, and we have the child that lies; the lies are imagination at play. Teach him to use it wisely, for all creative work comes from a trained imagination. Angelo Patri says, "Without it you can never write a story, paint a picture, or make a statue, and I saved this to the last, for it is very important, you will never learn how to cook. Cooks who have no imagination are responsible for more wrecked homes than anyone dreams of."

Johnnie will tell you there are three bears in the backyard. Say, "Oh, yes, play bears, not the kind you saw at the zoo."

When your little girl dresses up in old-fashioned dresses and tells you she is grandmother come to tea, serve the lady tea.

Fears

A young child knows practically no fears save those of his own experience. Falling and burning are necessary to his experience, fear of animals and thunderstorms are instilled in him and are not only unnecessary but harmful.

Never frighten him with the bogey man, policeman, or doctor. He may need the policeman or doctor at some critical time in his life. Teach him to respect and trust authority in the persons of these officials. If the doctor is going to hurt, better to tell the child so, and appeal to his courage, than tell him what isn't true and inspire distrust.

A little girl lost her mother in a crowded street; the policeman seeing she was lost spoke to her and the child had a convulsion from fear. She had been told that a policeman would take her away if she was not good.

Fear of the dark. Explain that night is day with the lights turned off. Don't bully him; find the cause of the fear and explain the unreasonableness of it. Much better to say "Come" than "Go"; if instead of saying, "Go to bed, children," one would say, "Time for bed; come along with me," they will go as a matter of course.

Some Habits That Develop Character

Obedience, remembering that a child's reaction is slower than an adult's. Some children slower than others—boys slower than girls.

Give him as much freedom as possible except in matters of real importance, explaining request whenever possible. When you make a request, wait to see if it is carried out and don't allow him to tease for something you have refused. When you refuse, be final; when you promise a thing, carry it out; when you punish, be just, explaining why he is being punished, and remember that the hope of reward is stronger than fear of punishment.

In discipline, the suggestive method rather than repressive, lead rather than drive. "Do this" is more effective than "Don't do that."

A request or command should be given distinctly, definitely, kindly and firmly, having the child's full attention; if playing he might be in the middle of a wonderful game and his mind miles away, but when you get his attention expect obedience.

At an early age teach him politeness; a simple, pleasant "Thank you." Be polite to him and make him understand you expect it of him.

Be truthful to him if you want him to be truthful. Don't lie about his age to the street car conductor and then expect him to be truthful. Often when he lies it is to save himself; he is afraid. Better to make the relation between child and parents so close that confession will be easy and lies unnecessary.

He will now be going out to play away from the shelter of home. Teach him to be independent, to make the best of life, to meet difficulties with a smile, bumps cheerfully, not to mind and be a good sport, to consider the other fellow, and respect old age. Teach him the habit of cheerfulness; there is nothing more unpleasant than the grumpy, whining child. To do this we must be cheerful ourselves, have cheerful surroundings, for in a sense he cannot be taught cheerfulness but must absorb it from the atmosphere around him.

Summary

And lastly, let us try to remember:

(1) That our daily lives are made up of habits, good or bad—

work habits,	emotional habits,
play habits,	food habits,
study habits,	health habits.

(2) That when we are teaching our children to form good habits we are directing their lives into happy channels, happy because they have learned those things that make for soundness of body and mind.

(3) That courage, cheerfulness, thoughtfulness for others, are after all only habits of mind, but they bring to the individual a large measure of satisfaction, happiness and success.

"A crop of brown hair that is tousled and tossed,
A waist from which two of the buttons are lost,
A smile that shines out through the dirt and the grime,
And eyes that are flashing delight all the time;
All these are the joys that I'm eager to meet
And look for the moment I get to my street."

—Edgar Guest.

HOW SHALL I BREAK A HABIT?

"How shall I a habit break?
As you did that habit make;
As you gathered you must lose,
As you yielded now refuse.
Thread by thread the strands we twist
Till they bind us neck and wrist.
Thread by thread the patient hand
Must untwine ere free we stand.
As we builded stone by stone
We must toil unhelped, alone.

But remember, as we try,
Lighter every step goes by;
Wading in the stream grows deep
Toward the centre's downward sweep;
Backward turn, each step ashore,
Shallower is than that before.
Ah! the precious years we waste
Leveling what we raised in haste,
Doing what must be undone
Ere content of love be won!

First across the gulf we cast
Kite-borne threads till lines are passed
And habit builds the bridge at last."

JOHN BOYLE O'REILLY.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section.

The Importance of a Prenatal Programme in a Visiting Nursing Service

By ALICE AHERN, Assistant Superintendent of Nursing, Metropolitan Life Insurance Company of Canada

The subject of this paper, "The Importance of a Prenatal Programme in a Visiting Nursing Service," is quite pertinent seeing that in spite of supposedly intelligent efforts on the part of all those interested in the advancement of public health and the reduction of maternal and infant mortality, the public has not yet realised the absolute necessity for this type of care.

Why is this care important? The following are some of the reasons:

Because, in the care of primipara reported early, the nurse on her first visit tries to make the patient realise the need of medical supervision, including a full medical examination by showing her the benefits to herself and the unborn babe which will result. On subsequent visits the nurse checks up on this medical supervision; if the physician has not been seen, she uses her persuasive powers to convince the patient that it is necessary to see him. If he has been seen and instructions are not being followed, she uses her influence to have them followed. Throughout her visits she teaches general hygiene and health, diet, sometimes even budgeting, preparation for confinement, care and training of the baby after birth and the necessity for calling a physician and nurse just as soon as there is illness in the family.

Prenatal teaching to the multipara is very much harder because of long established habits and customs, but it is always productive of some results and in many cases is fully as effective as in the case of primipara.

During the recent Refresher Course at the University of Toronto one of the physicians said that in Canada four mothers die every day from childbirth, that this was appalling and preventable. He added that after a complete physical examination, excepting in special cases, if a prescribed routine were followed, possibly not one mother out of ninety-nine would be lost. In view of this statement as well as many others to the same effect from authoritative sources, does it seem necessary to stress the importance of a prenatal nursing programme in a visiting nursing service? Have public health nurses a deep realisation of this need in practise as well as in theory? If they have, do they live up to it?

Now we have given some reasons for a prenatal programme, let us look at the question from another point of view. For example take the case of Mrs. Brown. Her monthly prenatal visit is due today. We told her last month to expect us in a month's time. When making up today's work we find there is too much bedside nursing to be done to allow of prenatal visiting. Tomorrow and the next day are just as busy. The prenatal visits accumulate, are made late, if at all, this month, and what is the psychological effect on Mrs. Brown and the others? How many times do expectant mothers say to us, "I thought you were coming to see me such a day, or last week or two weeks ago?" What is our answer—

(Read at a Public Health Section Round Table on Visiting Nursing Service, General Meeting, Canadian Nurses Association, June, 1930.)

"We were too busy." Is it any wonder that most of our teaching regarding the importance of this type of supervision is of no avail, when we don't live up to what we are teaching? If we believe prenatal supervision necessary, a means of giving it on time should be found, otherwise we are wasting our opportunities. How this can be done by a nurse working alone in a district and carrying a heavy load is a question for discussion, but again I say it is useless to convince a person she should have a certain type of care and then not find a means of giving it to her. Possibly one way of relieving the load in a lone district would be for the nurses to teach the families to give much of the routine bedside care and the time thus saved be devoted to prenatal nursing. Large districts should have sufficient personnel. Prenatal cases should be distributed with the day's work and these visits not left to be made at nurses' leisure. The Metropolitan experience in Montreal for some time was that the two prenatal visits a month allowed during the last two months of pregnancy were not being given. Why?—the nurses did not have the time. As a result we are increasing our personnel whenever necessary to insure these visits being made. It is interesting to note that the number of expectant mothers making use of this service is increasing in proportion. To give you an idea of this increase, in 1927 there were 513 expectant mothers being cared for and April, 1930, shows over 1,800 under care. Possibly the reason for this increase in Montreal is that the Metropolitan has employed a prenatal nursing supervisor, who, I think, could inspire a robot with enthusiasm regarding this type of nursing!

A word regarding the personality of the nurse. A noted Toronto psychologist has said that we have a different personality for everything we do. This phrasing is perhaps not exact, but I am trying to give the sense of his words: "A prenatal personality, if the expression may be used, is absolutely essential to prenatal nursing." Has every public health nurse had the opportunity to develop this personality? Do schools of nursing in general start its development? What perspective of and experience in this type of nursing is the student nurse given? In her work as a visiting nurse, even after having had a public health course and having worked under supervision, does she see the visit to the expectant mother in the light of an urgent preventative service, where she can not only urge medical supervision but follow up to see if it has been obtained and is being put into effect? Does she make her supervision follow certain definite lines or does it run to more or less haphazard questioning, and above all to the insistence on preparation of necessaries for confinement and the baby? Does the preparation of trays, bed pads, etc., overshadow health supervision and as a result, does the nurse sometimes stress this part of the care to the detriment of the more important part? Repeatedly supervisors and nurses say that some patients decline prenatal nursing because they have everything ready for confinement and do not want to be bothered; others that they know how to take care of themselves, having been supervised during a previous pregnancy. Do these statements not show that the nurse who cared for these patients during previous pregnancies did not make them see the importance of prenatal nursing?

Being of vital interest to me, this phase of visiting nursing has been a subject of study for many years and my conclusion is that to make a success of it a nurse must have a deep realisation of its importance, which is indicated by her making her visits on time; that she must have patience and teaching ability to the "nth degree;" a great love of this type of nursing and above all, the proper personality.

*Public Health Nursing in Brazil**

By WINNIFRED DAWSON, Eastern Supervisor, Victorian Order of Nurses

The United States of Brazil, occupying as it does, two fifths of all the South American continent, has a wide range of scenery, climate and productiveness. This land of immense resources and indescribable beauty was discovered by a Portuguese navigator, Alvarez Cabral, in 1500 and claimed for Portugal. The traders later calling there took back to Europe a wood which yielded a bright red dye which they called "brazil," and the country from which it came took on the name—Brazil.

Very little attention was paid to the country until the Napoleonic wars when Napoleon invaded Portugal and was within an ace of capturing the Emperor, Don Joaõ. With the aid of the British he escaped to Brazil where he set up a monarchy. Later, when peace was restored in Portugal, he returned leaving his son Don Pedro as Regent. But the Brazilians in 1822 declared their independence from the crown of Portugal and became an independent monarchy.

Don Pedro I. was followed by his son, Don Pedro II., a most beneficent monarch. The country's resources were developed to some extent and to facilitate the work on the coffee and rice plantations slaves were brought from Africa. There was considerable intermarriage of the Portuguese with the Africans and in some parts with the native Indians, and later with other nationalities emigrating to Brazil, so that today the Brazilian is no longer a Portuguese, but has a characteristic nationality of his own.

In 1888 slavery was abolished, and in 1899 the Brazilians, desirous of becoming a republic similar to their neighbours all over the Continent, sent a delegation of influential citizens to inform Don Pedro II. of their wishes. Being a patriot, he consented to withdraw quietly. He and his family were shipped off to Portugal one night, and in the morning Brazil was a republic.

Through all these years the population was being depleted by disease, and in 1908 a fearful epidemic of yellow fever ravaged the country and its capital, Rio de Janeiro. Vessels from other countries shunned the Brazilian ports. By the untiring efforts of a Brazilian doctor, Oswaldo Cruz, badly needed sanitary measures were introduced and the city freed of the disease, but not before Dr. Cruz himself fell a victim to yellow fever. A Federal Department of Health had been organised and later efforts were made to check the prevalence of yellow fever, malaria and hook worm, in the interior of the country, but funds ran out. Then in 1916 the Rockefeller Foundation sent a group of doctors to make a survey of health conditions and ever since the Foundation has been assisting in the fight against the three aforementioned diseases.

In the city of Rio de Janeiro after yellow fever had been conquered, the next great cause of death was tuberculosis. About 2,500 people were dying annually of this disease. Anxious to better their methods of public health administration, the chief of the Federal Department of Health and the chief of the Department for Prevention of Tuberculosis made a trip to the United States of America to study public health procedures in use there. They were impressed everywhere they went with the fact that the Division of Public Health Nursing was considered an essential part of any effective public health programme. Not having any such body of women in Brazil and not having any group of trained hospital nurses, as they are known on this continent, they decided, on advice, to train their own women for the profession.

(*The Victorian Order of Nurses' News Letter, May, 1930.)

The Rockefeller Foundation employed a full time public health nurse to act as Directress of the work and loaned her to the Brazilian Federal Department of Health. They also made the selection of a staff of American nurses to organise the work. For the hospital staff they selected three nurses in the United States, the remaining four being employed in Brazil, two graduates of hospital training schools in England, one from Norway and one from Holland; for the public health nursing work, they selected six graduates of American training schools and one from a Canadian school.

Owing to the fact that the young women of Brazil of the better class were accustomed to many servants and seldom, if ever, sought employment outside the home, it was difficult to interest them in the profession of nursing. In addition, the care of the patients in their hospitals was with the exception of that given by a few Sisters of Charity, given by very inferior persons. However, after much propaganda and education on the subject, applicants for the school began arriving. A careful selection was made and the school opened in February, 1923, with 13 enrolled, which number was later increased to 22. Of these, 11 graduated in 1925. Several of these and of successive classes, were given post graduate training in the United States, fifteen in all, there being two at present in Philadelphia. Some of these nurses had work in Toronto also.

For purposes of public health nursing, the city of Rio de Janeiro was divided into five zones, one of these being the practice district with its office in connection with the hospital. The students received two months instruction in public health nursing there during their last year and close supervision of their work was continued when they later were appointed to the city staff under the supervisor there. The work carried on included bedside nursing, follow-up work with the tuberculosis clinics, the well baby centres, prenatal clinics, venereal disease and leprosy clinics as well as with the communicable disease section of the Department of Health. As the Brazilian graduates were fully qualified to take over the work both in the hospital and in the Division of Public Health Nursing, they replaced the foreign nurses, until at present the only American nurses remaining are the Directress, the Superintendent of the Training School and one hospital supervisor. In all there are about 85 graduates of the school.

The Brazilian nurses have proven themselves apt pupils, and when the epidemic of small-pox broke out in 1925 and yellow fever in 1928, they displayed resourcefulness and devotion to their profession in a marked degree. There is indeed a wonderful future of opportunity awaiting our youngest sister in the International Council of Nurses.

Book Reviews

Nurses Handbook of Obstetrics, by Louise Zabriskie, R.N.

Size: 8½x5½x1½ inches; 464 pages.

Paper: The paper is of good quality, with a glossy finish that enhances the beauty and emphasizes the detail of the illustrations, thus increasing the attractiveness of the volume.

Type: The type is clear and of a size that is easy to read. All titles and subtitles throughout the book appear in bold black type. An interesting feature is that of the use of a heavier type for the single words and the phrases of greatest importance in the text, thereby saving time for the instructor and student and facilitating study for the latter, although in this respect there is the loss, to some extent if not entirely, of the teaching value that lies in the selection and underlining of important passages by the student herself or under the direction of the instructor during classes.

Arrangement of the Text: The text of the book is conveniently divided into six parts, namely: (1) Anatomy and Physiology; (2) Pre-natal; (3) Labour; (4) Post-partum; (5) The Baby; (6) Additional Maternity Information.

Illustrations: The illustrations, numbering 250, are very fine, both from an artistic and an instructive viewpoint, and greatly add to the value of the book for teaching purposes. Particularly is this true of the illustrations pertaining to the nursing care of the mother and child, wherein progressive steps in various procedures are most carefully shown by photographs and diagrams. The improvisation of sick-room equipment from ordinary household utensils is the subject of about thirty excellent and noteworthy illustrations.

The Text: The subject matter is presented in a clear, concise and attractive manner. No aspect of obstetrics from the nursing standpoint has been overlooked, and great emphasis is placed on the practical application of the theory to both hospital and home nursing of both normal and abnormal patients. Every step in the nursing care of the mother and baby is carefully described, even to the smallest details, in a most interpretative manner. Unfortunately an error, probably in the type setting, has been overlooked in the proof reading and so remains to mar this most splendid piece of work. The error lies in reference to the location given to that very important landmark in obstetrics, the promontory of the sacrum, which is described as follows: "Of special importance is the marked projection which is formed by the junction of the bottom of the sacrum with the coccyx; this is known as the sacral promontory, and is one of the most important landmarks in obstetrical anatomy" (page 4, par. 4). The illustration that bears out this statement (page 15, fig. 15) could well have been omitted. However, correct location is given to the sacral promontory in the description of the pelvic inlet (page 5, par. 3) and in some further illustrations.

OLGA V. LILLY, R.N,
Instructor of Nurses,
Royal Victoria Montreal
Maternity Hospital.

Don't Be Tired, by Dr. Peter Schmidt, translated by Mary Chadwick, Psychological Assistant at the London Clinic of Psycho Analysis. Published by Putnam, London, England. Price 3/6.

So intriguing is the title one is immediately consumed with a desire to know just what treatment could be applied **to avoid being tired.** In seeking a remedy one is frequently told that fatigue is the product of this age. "Take a holiday!" "Go to bed earlier!" "Don't worry about things!" Advice such as this is in many cases of no use. One has no time to rest; business and social obligations must be carried out. One cannot always avoid worry and annoyances in the business world.

Having read this book, one realizes there is no need to despair. Several ways of combating fatigue, with methods that can be relied upon for satisfactory results, and which will increase the efficiency of the individual without injury to general health, are suggested. Although it is not scientific and does not claim to be, the book should prove of inestimable interest and value to professional and layman alike.

GERTRUDE M. HALL, Reg.N.,
Winnipeg Normal School.

BOOKS RECEIVED

Hygiene and Sanitation, by Jesse Feiring Williams, M.D., Professor of Physical Education, Teachers College, Columbian University. Second Edition, illustrated. Published by McAinsh & Co., Ltd., Toronto. Price $2.00.

Fundamentals of Dietetics, by Bertha M. Wood and Annie L. Weeks. Second Edition. Published by McAinsh & Co., Ltd., Toronto. Price $1.75.

News Notes

NOTICE

Contributors to the News Notes are reminded that all contributions should be signed in order to assure their authenticity.

—Editor.

ALBERTA

CALGARY: The annual business meeting of the Calgary Association of Graduate Nurses was held September 16th, in the Y.W.C.A. parlors. A large number of members were present. Re-election of officers took place and several matters of interest were discussed. Miss Lavell, of the Public Health Department, gave a most interesting report of the C.N.A. Convention, held in Regina in June. On September 25th a fortune telling tea was held at the home of the Registrar, when a most enjoyable time was had by the large number of nurses and their friends who were present. Miss Lyndon, formerly Recording-Secretary of the Association, who has just returned from a year's visit to California was extended a welcome home.

BRITISH COLUMBIA

GENERAL HOSPITAL, VANCOUVER: Miss Blanche Collis left on October 8th for Vernon, where she has been appointed night supervisor of the Public Hospital. Miss Bertha Jenkins, who for the past year has been a member of the City School Nursing Staff, has been appointed to the staff of the Cowichan Health Centre, Duncan, V.I. Miss Mary Henderson (1929), has resigned her position at the Saanich Health Centre, and has accepted a position on the Vancouver School Nursing Staff. Dr. Gladys Story Cunningham, who has spent the last year in Vancouver on the staff of Grace Hospital, and later on that of the Vancouver General, sailed for the Orient early in October with her husband, Dr. E. R. Cunningham.

The members of the Alumnae who helped with the sale of the tickets for the car recently raffled, will be pleased to hear that over $600.00 was realized and goes to swell the Sick Benefit Fund. At the last meeting of the Association, held October 7th, a special vote of thanks was given to Miss Isabel McVicar who so ably assisted and directed this project. Miss McVicar immediately responded by suggesting another raffle, and before the evening closed a good many tickets had been sold for "our gramaphone raffle." Remember the portable gramaphone which has been locked up and waiting for disposal all these years? Well there may be a ticket left by the time this goes to press, but it is doubtful. Anyway ask Miss McVicar.

At the same meeting a good many tickets were sold for the Bridge which was arranged for October 24th. Class 1927 distinguished itself by contributing over $12.00 gleaned from private bridge parties held during the past year at homes of the various members. Good for '27!

There was a splendid turnout at this meeting, which was the first sewing and business meeting for the Autumn, and a happy time is anticipated each monthly meeting this winter. A larger attendance of the younger graduates would be much appreciated. Miss Black (1915), who has recently joined the staff of the Royal Columbian Hospital, New Westminister, as instructor, was welcomed back by the Alumnae after spending recent years in The Western Hospital, Toronto. "Marnie" Young, who is Lady Superintendent at Ocean Falls, was a welcome visitor. Extracts from a letter from Miss Mary Binnie (1927), Anshun, Kweichow, China, were read. Miss Binnie would like to receive letters from any friends who have time to write. She finds her work most interesting, but is eager for news of the outside world. She and an American nurse are shortly to be left in charge of their post and the only "foreigners" in a city which has twice lately been laid siege to by lawless bandit armies. She would also value the prayers of the Alumnae. Miss Randal was another guest of the evening, and she urged the nurses who had not answered the Survey questionnaire to do so for their own benefit and the help they would be to other nurses. Misses Cotsworth and Baird, who have recently started their public health course at the University of British Columbia, seem very happy and enthusiastic.

Miss Kathleen Ellis has been appointed Superintendent of Nurses and Principal of the School of Nursing of the Winnipeg General Hospital. Miss Ellis has spent the past year abroad in travel and doing post graduate work. Her many Vancouver friends will wish her well in her new home.

Friends of Mrs. Holden (Muriel Gardner, 1924), will be grieved to hear of the death of her husband, "Pat" Holden, who was killed recently in an aeroplane accident.

MANITOBA

WINNIPEG: A supper meeting of the Manitoba Association of Registered Nurses was held on September 30th, 1930. Reports of the C.N.A. Biennial Meeting were given by the four delegates appointed to represent the Association. The President, Mrs. Morrison, gave a very interesting report of the general sessions. Several delightful songs were sung by Miss Phyllis Middleton.

The first conference on Social Work in Manitoba was held in Winnipeg, October 7th, 8th and 9th, 1930. Each session had a large attendance among whom were many

nurses, the majority of whom are engaged in some branch of social work. Excellent addresses and interesting discussions centred around subjects such as, The Family, The Child, Mental Deficiency, Delinquency, Health, National Health Insurance, Needs and Resources in Rural Communities and Unemployment. Dr. B. T. McGhie, Director, Mental Health Clinics in Ontario, and Dr. H. G. McKay, of Chicago, Assistant in the Department of Sociology, Institute for Juvenile Research and the Behaviour Research Fund, were guests of the Central Council of Social Agencies under whose auspices the Conference was held. Dr. McGhie and Dr. McKay gave several addresses on Mental Deficiency and Delinquency. An exceptionally well arranged and attractive exhibit which covered a large space showed results of efforts being put forth along occupational lines to interest and educate handicapped children and adults in Manitoba.

NEW BRUNSWICK

HOTEL DIEU HOSPITAL, CAMPBELLTON: The graduating exercises of the school of nursing were held in the auditorium of the high school on September 12th, 1930, when eight nurses were presented with their diplomas. The exercises were presided over by Dr. L. G. Pinault, of Campbellton.

CHATHAM: The Hotel Dieu Hospital was favoured on the evening of September 10th by the presence of several representative doctors from Northern New Brunswick, who were gathered for the Annual Extramural Clinic. Dr. Tisdall and Dr. Hart of the Research Laboratories and Sub-Department of Pediatrics, University of Toronto, were the speakers of the evening. Dr. Hart spoke on Infant Feeding, while Dr. Tisdall gave an illustrated talk on Child Feeding. At the close of the meeting refreshments were served by the Sisters of the Nursing Staff. It was a privilege for the Sisters to have the pleasure of accommodating this body of medical men. Dr. Bell, of Newcastle, is to be congratulated for his splendid success in preparing for this unique gathering.

A short course in Physio-Therapy, planned by the Educational Department of the General Electric Corporation of Chicago, and given by Mr. Martin during the week of September 2nd to 5th, was followed by a representative class of physicians and technicians. Seven Sisters were among the members of the class. Two from St. John Infirmary, two from the Hotel Dieu Hospital, Campbellton, two from the Hotel Dieu Hospital, Chatham, and one from the City Hospital, Charlottetown, Prince Edward Island. The lectures and demonstrations were typical of the Victor X-ray Service, thorough and comprehensive.

MONCTON: The New Brunswick Hospital Association held its second annual meeting in Moncton on September 30th. A large number of representatives from every hospital in New Brunswick attended both sessions of the Convention, which were held in the City Hall. Many interesting questions of import to the hospitals were warmly discussed. Among the papers read was an excellent one on Hospital Administration, by Reverend Sister Kenny, of Hotel Dieu Hospital, Chatham. Among those representing the two hospitals of Northumberland were Doctors J. B. McKenzie, F. C. McGrath, and R. H. Morrissy, Mr. G. Percy Burchill and Mr. W. H. Teed.

SAINT JOHN: The annual meeting of the Saint John Local Chapter of New Brunswick Association of Registered Nurses was held September 29th, in the lecture hall of the General Public Hospital. Gratifying reports of the year's activities were received. Miss E. J. Mitchell was re-elected by acclamation as President. Reports on the dance and bridge held in Pythian Castle showed them to have been most successful; also the New Brunswick annual convention held in Saint John last year. Officers and conveners for the ensuing year were elected as follows: President, Miss E. J. Mitchell; Vice-Presidents, First, Miss A. A. Burns, Second, Mrs. G. VanDorser; Secretary, Miss Agnes Sutherland; Treasurer, Miss M. Fraser; Sick Nurses' Benefit and Anna Stamers Memorial Fund, Miss E. J. Mitchell; "The Canadian Nurse," Miss Mary Easson; Private Duty Section, Miss Ethel Henderson; Programme Committee, Miss Margaret Murdoch and Miss R. Wilson.

NOVA SCOTIA

ST. MARTHA'S SCHOOL OF NURSING, ANTIGONISH: Commencement exercises were opened with Holy Mass on the afternoon of September 25th, 1930. Following a banquet in honour of the graduates, given by the hospital, the diplomas and prizes were presented before a large gathering of friends of the class and hospital. A distinguishing feature of the evening session was the awarding of the degree of B.Sc. in Nursing to Miss Muriel E. McLeod, by the University of St. Francis Xavier, to which St. Martha's School of Nursing is affiliated. Prizes awarded were: Miss Anita MacDonald, for highest marks in medical lectures, by Dr. J. L. McIsaac; Miss Rhoda Smith and Miss Hermine Membourquette were tied for second highest standing in the same subject and the prize was drawn by Miss Smith. Miss Margaret Gillis and Miss Anita MacDonald tied for the prize donated by the School of Nursing for highest standing in the observance of rules of the school, and the prize was drawn by Miss MacDonald. Miss Georgina Girror won the prize for highest aggregate in first year subjects, which was donated by Miss Cecilia Chisholm, Reg.N. The prize donated by Miss Stella MacDonald, Reg.N., for highest aggregate in second year subjects was won by Miss Cecilia Ryan. Prize donated by Miss Rachael Chisholm, Reg.N., for efficiency in pedriatrics was awarded Miss Lillian Roberts. Miss Rhoda Smith and Miss Lillian Roberts

drew for the prize donated by Miss Edna Hurst, Reg.N., for general efficiency, Miss Smith receiving the prize. The prize for efficiency in the operating room, donated by Miss E. Abbot, Reg.N., was won by Miss Corrine Latimer. The Alumnae prize for general neatness was won by Miss Mary Bates. Prize awarded for loyalty to the school was equally merited by Miss Margaret Gillis and Miss Florence Girror, and drawn by Miss Girror.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario, in October, 1930, were 1,206. Twenty more than in September, 1930.

Appointments

Alumnae, Hospital Instructors and Administrators, University of Toronto: Owing to ill health, Miss Hiscocks, who was in charge of the course in 1929 and 1930, has had to resign. Miss K. Russell is Director this year, assisted by Miss Bell, of Grace Hospital, and Miss N. D. Fidler, Toronto General Hospital. Miss R. Berry (1929), has resigned as instructor at Oshawa General Hospital and has accepted a similar position at Brockville General Hospital. Miss E. Riddell (1929), recently resigned as supervisor of the Girls' Surgical Ward, Hospital for Sick Children, Toronto, and is now doing private duty nursing in New York City. Miss M. Fryer (1930), is successor to Miss Riddell at Hospital for Sick Children. Miss M. Ross (1930), is in charge of Boys' Surgical Ward, Hospital for Sick Children, Toronto. Miss Fellows (1930), is instructor and Miss G. Jones (1930), is assistant instructor of practical nursing at Weston. Miss Ardill (1930), is at Ontario Hospital, Queen Street, Toronto. Miss E. Strachan (1930), is medical supervisor at Toronto General Hospital. Miss E. Jones (1930), is assisting head nurse on Ward "B", Toronto General Hospital. Mrs. Ash (1930), is instructor of practical work at 130 Dunn Ave., Toronto. Miss E. Thompson (1930), relieved on Ward "C" during the holidays, and is now at her own home. Miss Helen Potts (1930), is superintendent and Miss West (1930) is instructor at Woodstock General Hospital. Miss F. Smith (1930), has accepted the position of superintendent at Orangeville. Miss L. M. Chute (1930), sailed for Vellores, India, on October 3rd to take charge of a hospital there. Sister Jean (1930), is in charge of the Out Patients Department at St. Michaels Hospital, Toronto. Sister Mary Helen (1930) is instructor at St. John's Hospital, Toronto. Miss M. McCamus (1929) who was instructor at Jeffrey Hales Hospital, Quebec, is now holding that position at the Hospital for Sick Children, Toronto.

Hospital for Sick Children, Toronto: Miss Jean Clarke (1918), to the Public Health Staff in Paris, Ont. Miss Helen Harrington (1913), to the Public Health Staff in Oakville, Ont. Miss Reta Thompson (1929), assistant night supervisor in charge of operating room, Hospital for Sick Children. Miss Marie Johnston (1923), after taking the summer course at University of Toronto, has joined the Public Health Staff at Oshawa. Miss Margaret Collins (1927), who relieved at Thistledown during the summer became instructor on the Infant Ward, Hospital for Sick Children, in October.

District 1

Public General Hospital, Chatham: The annual graduation of nurses from the training school was held in Park Street United Church, when fifteen nurses received diplomas and graduation honours. Three scholarships were presented. Dr. G. Harvey Agnew, Director of Hospital Service for the Canadian Medical Society was the guest speaker. More than 1,200 people were present. Following the exercises in the church, a reception was held at the nurses residence when Miss Campbell, Superintendent of the School, received with the members of the graduating class. After the reception the nurses and their friends enjoyed a delightful programme of dancing.

Miss Dorothy Thomas has returned to Chatham after spending a year in hospital work in Arizona, and has accepted a position on the staff of the Public General Hospital. Miss Ella Watts, instructor on the staff of the Public General Hospital, Chatham, has resigned her position and will be succeeded by Miss Florence Quigley, graduate of the Victoria Hospital, London, Ont.

District 4

General Hospital, Hamilton: Miss E. Gayfor (1930), is taking the Instructor's Course and Miss Merle Watson (1929) the Public Health Course, Department of Nursing, University of Toronto. Miss Alberta Creasor (1920), is working with the Victorian Order of Nurses in Regina. Miss Mary Mason (1915), has returned to the city to do private duty work. Miss Hazel Tilling (1926), has resigned from the staff and her position has been filled by Miss Blanche Pond (1929). Miss Ada Schiefele (1922), who has spent five years in India under the Women's Missionary Society of the United Church of Canada, and who took the Teacher's Course, Department of Nursing, University of Toronto, 1929-30, has joined the staff as Instructor in Practical Nursing.

District 5

The September meeting of District No. 5 of the Registered Nurses Association of Ontario was held on the 13th of the month at the Stevenson Memorial Hospital, Alliston, Ont. The hospital, beautifully planned and equipped, proved to be a delightful spot for the gathering of sixty nurses. At the meeting two interesting reports on the Biennial Meeting of the Canadian Nurses Association in Regina were given; one by Miss Anna Dove on the Public Health Section and the second on the meeting as a whole by Miss Matilda Fitzgerald. An inspiring address was given by Miss Emory, the newly elected President of the Canadian Nurses

Association, who spoke with the utmost appreciation of the past achievements of Association and with hopefulness of the future. His Worship, Mayor Knight, supported by representatives from the Hospital Board and the Medical Staff, welcomed the visitors, and the ladies of the Hospital Auxiliary served a most delicious tea. The pretty little town looked its best in the September sunshine; the only blot on the landscape being the river, usually a source of pride to the townsfolk, but which, a few days before, worsted in an argument with the dam, was now hiding its diminished head under the sands of the flats nearby.

BARRIE: The following are the officers of the Alumnae Association of the Royal Victoria Hospital: Honorary President, Miss J. K. McArthur; President, Miss Laura Graham; Vice-President, Miss Helen Winter; Secretary, Miss Mae Friel; Assistant Secretary, Miss Marjorie Shovahan; Treasurer, Miss Margaret Chalmers.

GENERAL HOSPITAL, BELLEVILLE: Miss B. Soutor (1924), has accepted a position with the Victorian Order of Nurses at Sarnia, Ont. Miss M. A. Fitzgerald (1928), accompanied Mrs. McCormick, of Belleville, to Tuscan, Arizona, and other southern points where they will spend the winter months. Miss D. M. Church (1927), who won the scholarship which was awarded by the Shriners Hospital, Montreal, has left to take up her studies at the School for Graduate Nurses, McGill University.

OSHAWA: At a recent meeting of the private duty nurses, graduates of the Oshawa Hospital, it was decided that owing to the present depression the per diem fees should be temporarily reduced for private duty nurses to $5.00 for twelve hour duty; $6.00 for twenty hour duty.

HOSPITAL FOR SICK CHILDREN, TORONTO: Miss Effie Miller has the sympathy of the Alumnae in the death of her sister. Miss Miller has resigned as President of the Alumnae Association and has left to visit Dr. and Mrs. Huether at Salt Lake City. Miss Kathleen Panton (1910), spent the summer visiting relatives in Winnipeg and Vancouver. Miss Marie Grafton (1928), visited her brother in the West during recent months. Miss Kathleen Chamberlain (1926) has resigned from the position of instructor on the Infant Ward at the Hospital for Sick Children. Miss Ethel Brewer (1911), has resigned from the Public Health Staff in Bermuda and is visiting at her old home in St. Catharines. Mrs. Dunham (1917), took the summer course at University of Toronto. Miss Marjorie Francis (1930), has been awarded the H. S. Marriott and Arthur F. White Scholarships for efficient work on the Infant Ward, which gives her three months post-graduate work at Boston Children's Hospital. Miss Jean Coates (1928), and Miss Audrey Graham (1926), did relief work at the Hospital for Sick Children during the summer months.

GENERAL HOSPITAL, TORONTO: At the regular meeting of the Alumnae held in the Nurses Residence October 1st, a memorial gift of one thousand dollars was accepted from Mr. Alexander Smith in memory of his wife, Elizabeth Field Smith, a graduate of 1904; the fund which is to be used for needy nurses is to be augmented from time to time with contributions from the Association. Miss Gunn proposed that some fitting celebration of the jubilee year of the school of nursing be arranged and held during the 1931 Graduation. A rally of all the Toronto General nurses was suggested and the following committee named to take charge of arrangements: Miss Nettie Fidler (Convener), Miss E. Manning, Miss Clara Brown, Mrs. Diver, Miss Dulmage and Miss Strachan. Miss Anna Dove, who was a delegate to the Biennial Meeting of the Canadian Nurses Association at Regina gave a report. Miss Jean Browne, who presided, told of the events of the British Red Cross Conference she had attended in London, of the interest manifested in the Society by the Royal Family and of the royal reception when Her Majesty Queen Mary spoke to each delegate of the Red Cross activities in their various districts. The meetings were held in St. James Palace, where some 700 years ago there was a leper hospital for women of noble birth and attended by women of nobility. Miss Browne stated that Red Cross Rheumatism Clinics were growing in the Old Country. Another important work of the Red Cross in London is the enlisting of persons willing to give blood transfusions. In one part of London alone 1,360 volunteers were enlisted last year. Red Cross co-operation with health authorities was an important point stressed at the Conference, Miss Browne said.

Miss J. Kilburn (1916), has left the Mental Hygiene Section of the Department of Health, Ontario, to take up work with the Department of Health in Vancouver. Miss Maragert Orr has been appointed Superintendent of the Shriners' Hospital, Montreal, where she had been Assistant Superintendent for several years.

IN MEMORIAM

Miss M. D. Coatsworth died at the Private Patients Pavilion, Toronto General Gospital, on April 16th, 1930, following a short illness. She was the daughter of the late Dr. R. C. Coatsworth. Miss Coatsworth graduated from the Toronto General Hospital in the year 1916. Early in 1917 she enlisted for overseas with the Imperial Q.A.I.M.N.S.R., serving actively in France until late in 1918. On her return from overseas she accepted a position as head nurse in Toronto General Hospital, serving until 1922. In the fall of 1922 she took the Public Health Course at the University of Toronto, and in the fall of 1923 spent several months abroad. On her return she accepted a position in the Welfare Department of The T. Eaton Company, leaving there a short time before her decease to take charge of a department in the Pavilion of the Toronto General Hospital.

WESTERN HOSPITAL, TORONTO: A social meeting of the members of the Alumnae Association was held on September 26th, 1930. The guests of honour were Miss Evelyn Smith (1927), winner of the Alumnae Scholarship, 1930, and Miss Edith Bilton (1928), winner of the H. A. Beatty Scholarship, 1930. The Alumnae Scholarship was formally presented and short speeches, contests and games were enjoyed. Among the visiting nurses was Miss Marion Wylie (1915), home on vacation from Colombia, South America.

Miss Christina Black, Assistant Superintendent of Nurses for the past three years, resigned to accept the position of Superintendent of Nurses, New Westminster, B.C. Miss Black will be very much missed socially and also by her professional connection with the nurses. Miss R. M. Beamish (1919), has accepted the appointment of Assistant Superintendent of Nurses Toronto Western Hospital. It affords gratitude and pleasure to the members of the Alumnae to note that their own hospital is reaping the benefit of scholarships awarded. There are now three scholarship winners on the teaching staff of the school of nursing, Miss Beamish, Miss Sharp (1925), and Miss Jones (1927), while Miss Mary McCammus (1920), shares her knowledge with them in their affiliation course in pediatrics, Hospital for Sick Children.

Miss Riddell (1889), is seriously ill in the Toronto Western Hospital.

ST. MICHAEL'S HOSPITAL, TORONTO: Miss Margaret Kelly and Miss Adele Knowleton (1929), have returned from a vacation spent in Europe.

QUEBEC

CHILDREN'S MEMORIAL HOSPITAL, MONTREAL: Miss B. E. Goobie and Miss E. Grimes are doing private duty nursing in St. John's, Newfoundland. Miss G. Fitzgerald, of Grand Falls, Newfoundland, was a very welcome visitor to the city recently. Miss F. Atkinson and Miss H. Easterbrook have motored across the continent to visit relatives. On Miss Atkinson's return she will become assistant operating room supervisor of the Children's Memorial Hospital. Miss E. Morris is doing institutional work in St. John's, Newfoundland. Miss M. M. Watson (1923), has succeeded Miss D. Osmond (Mrs. N. B. Hall), as Superintendent of the Shriners Hospital, Springfield, Mass. Miss H. Nuttall (1927), is now on the staff of the Women's General Hospital, Montreal, in charge of the Children's Ward. Miss R. Osborne (1927), has replaced Miss B. Goobie as night supervisor at the Children's Memorial Hospital. Miss H. MacCallum, of the Hospital for Sick Children, Toronto, has joined the staff of the Children's Memorial Hospital as supervisor of the Infant Ward. Miss D. Ellis (1927), is doing relief work on the staff of the Children's Memorial Hospital. Miss V. Schneider (1929), has accepted the position of Operating Supervisor at the Children's Memorial Hospital.

ROYAL VICTORIAL HOSPITAL, MONTREAL: Miss Helen Sharpe (1927), who spent the summer on duty at the Jasper Park Lodge, has returned to the Royal Victoria Hospital as Surgical Supervisor. Misses K. Jamer, Marion Patterson, Katherine McLennan, Louise Keith and Edith McDowell are attending the School for Graduate Nurses, McGill University. Miss Marguerite Cosgrove (1929), has joined the staff of the Social Service Department of the Royal Victoria Hospital. Misses Frances Smith (1929), Edith Hemingar (1930), and Anna MacLeod (1930), have been appointed to the staff of the Royal Victoria Hospital. Miss Eleanor Crosby (1930), has been appointed assistant to the night supervisor of the Ross Pavilion. Mrs. J. W. Reid (Mildred R. Colpitt, 1923), spent the last year in London, England. Mrs. Alexander Moss (Hazel Elfort, 1923), visited England and the continent during the summer.

THE MONTREAL GENERAL HOSPITAL: The sympathy of the Association is extended to Miss Amy McKay on the loss of her sister and to Miss Sargeant on the death of her father. Miss Cruise (1929), has taken a position as school nurse at "Kings Hall," Compton, P.Q. Miss Marie DesBarres (1923) has accepted the post of assistant at The Royal Victoria Montreal Maternity Hospital. Miss Edythe Ward (1923), is relieving in the Training School office. Miss Eunice McDonald (1930), is in charge of ward "G" during Miss Ward's absence.

HOMOEOPATHIC HOSPITAL, MONTREAL: The opening meeting of the Alumnae Association was held September 3rd. Following the business meeting, Miss J. Ryan, Alumnae Representative to the C.N.A. Biennial Meeting, Regina, gave a very interesting talk on the meeting and her trip. Miss M. Sleeth, who has been on the staff of the Onondaga General, Syracuse, N.Y., has returned to Canada, and is again doing private duty work in Montreal. Miss McMurtry has been appointed to the staff of the Hartford General Hospital, Hartford, Conn. The Ladies' Auxiliary of the Hospital are holding their annual sale on November 26th, at Trinity Memorial Hall.

WOMAN'S GENERAL HOSPITAL, WESTMOUNT: Miss Margaret Paterson (1929), who has been doing floor duty at the hospital is now visiting in Scotland. Miss Sarah Wallace (1930), is in charge of the nursing at the hospital. Miss Eileen Moore (1930), relieved in the Outdoor Department during the holidays and Miss Lottie Steeves (1930), is doing floor duty in the Children's Ward. Miss Drake (1930), relieved in the Operating Room during the holidays.

SASKATCHEWAN

GENERAL HOSPITAL, REGINA: Miss Aleen Doyle has returned to her home at Cabri, Sask., after completing a four months course in Operating Room Technique and Management at the Regina General Hospital.

Miss Vera Brown (1930), awarded the Judson Crowe Scholarship for 1930, is attending the Public Health Nursing Course at the University of Toronto.

Miss B. McQuarrie, Moose Jaw, has recently completed a post graduate course in obstetrics at the Regina General Hospital. Miss Muriel Robson, of Regina, is taking a post graduate course in obstetrics at the Royal Victoria Hospital, Montreal.

C.A.M.N.S.

MONTREAL: Members of the Montreal Association Overseas Nursing Sisters were privileged recently to be included among those who attended the official ceremony of Dedication of the Last Post Fund "Field of Honour" which is beautifully situated on the shores of Lake St. Louis.

At the first Association meeting of the season, held on September 24th, which was very well attended, Mrs. Stuart Ramsey, President of the Overseas Nursing Sisters Association of Canada, read a very interesting report of the second meeting of the All Canada Association which had taken place in Regina, Sask., during the Biennial Meeting of the Canadian Nurses Association, to which she had been sent as delegate representing the Montreal group.

Plans were made at this meeting for the Armistice Dinner to which all members are earnestly requested to attend, and after due and careful consideration it was unanimously decided to change the name of the Montreal Association so that it shall now read: Overseas Nursing Sisters Association of Canada, Montreal Branch. The members are delighted to have Mrs. Turcott (Marjorie Webb), with them once again after her long absence in Saint John, N.B.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BROCK—On September 23, 1930, at Regina, Sask., to Mr. and Mrs. H. Brock (Charlotte Rowe, Regina General Hospital, 1926), a son.

BROWNE—On October 2, 1930, to Mr. and Mrs. Gordon Browne (Alberta Dunlop, Toronto General Hospital, 1923), a daughter.

CHANDLER—On May 12, 1930, to Mr. and Mrs. Chandler (Greta Craike, Toronto General Hospital, 1922), a daughter.

CHATER—On August 24, 1930, at Vancouver, to Mr. and Mrs. Norman Chater (Helen Solloway, Vancouver General Hospital), a son.

GRILLS—On September 30, 1930, at Regina, Sask., to Mr. and Mrs. D. J. Grills (Dorothy Jones, Regina General Hospital, 1925), a son.

HOARE—On September 13th, 1930, at Toronto, to Mr. and Mrs. D. S. Hoare (Margaret Power, St. Michael's Hospital, Toronto, 1929), of Noranda, Quebec, a daughter.

KEIR — On August 2, 1930, at Calgary, Alta., to Mr. and Mrs. J. Arthur Keir (Frances N. Swanson, Vancouver General Hospital), a daughter.

KIDD—In July, 1930, at Belleville, Ont., to Mr. and Mrs. A. Kidd (Ruth Jones, Belleville General Hospital, 1922), a son.

MARTIN—On September 18th, 1930, at Lindsay, Ont., to Mr. and Mrs. Jack Martin (Jean Ross, Toronto Western Hospital, 1928), a daughter.

McKAY—On May 4th, 1930, to Dr. and Mrs. A. W. McKay (Dorothy Fortier, Toronto General Hospital, 1919), a daughter.

McLACHLAN—On August 14th, 1930, to Mr. and Mrs. Charles Gordon McLachlan (May Pearcy, Vancouver General Hospital), Noranda Mines, Ltd., Quebec, a daughter.

NEWMAN—On March 21, 1930, at Belleville, Ont., to Mr. and Mrs. A. R. Newman (Mary Burby, Belleville General Hospital, 1924), a son.

PACKAM—On October 2, 1930, to Mr. and Mrs. James Packam (Edith Jones, Toronto General Hospital, 1926), a son.

PARKS—On July 8, 1930, to Dr. and Mrs. Wilfred Parks (Helen Cameron, Toronto General Hospital, 1918), a son.

ROSS—On September 23, 1930, at Waterloo, Ont., to Dr. and Mrs. W. J. Ross (Mary MacCharles, Toronto Western Hospital, 1928), a daughter.

REDMOND—On September 23, 1930, at Montreal, to Mr. and Mrs. W. M. Redmond (Miss Dulmadge, Montreal General Hospital, 1920), a son.

SANDERS—On October 9, 1930, to Mr. and Mrs. J. Sanders (E. Duncan, Homoepathic Hospital), twin girls.

SHANKS—On September 25, 1930, at Chatham, Ont., to Mr. and Mrs. Archie Shanks (Eva Williams, Public General Hospital, Chatham, 1924), a daughter (stillborn).

STEWART—On September 12, 1930, at Okotoks, Alta., to Mr. and Mrs. Robert Stewart (Freda McKnight, Saskatoon General Hospital, 1926), a son.

WALTERS—On June 7th, 1930, to Dr. and Mrs. Walters (Ailene Lacey, Toronto General Hospital, 1925), a son.

WHITE—On June 17th, 1930, to Mr. and Mrs. White (Ethel Parker, Toronto General Hospital, 1927), a daughter.

WOLFE-JONES—At Olds, Alta., recently, to Mr. and Mrs. Cecil Wolfe-Jones (Priscilla Frost, Vancouver General Hospital), a son.

WOODS—On July 25, 1930, at Toronto, to Mr. and Mrs. Charles H. Woods (Margaret O'Donnell, St. Michael's Hospital, Toronto, 1925), a son.

MARRIAGES

ADAMSON—MILLMAN — On September 16th, 1930, at Pictou, N.S., Margaret Murray (Victoria Hospital, London, 1925), to Murdock Adamson, of Pictou.

BARTLEMAN—MacFARLANE—On July 19th, 1930, at Cornwall, Ont., Elsie MacFarlane (Children's Memorial Hospital, Montreal, 1928), to Peter Bartleman, of Asbestos, Que.

BILLINGS—McLARREN—On September 3rd, 1930, at Dartmouth, N.S., Joan E. McLarren (Hospital for Sick Children, Toronto, 1927), to Wm. Lawrence Billings, of Long Island, New York.

BRADY—MOSLEY—On September 17th, 1930, at Parry Sound, Ont., Phyllis Mosley (Toronto General Hospital, 1928), to Dr. William Brady, of Parry Sound.

BRYCE—AFFLECK — On August 21st, 1930, at Montreal, Mildred Affleck (Montreal General Hospital, 1916), to John F. Bryce.

BURBRIDGE—HEGGIE — On September 27th, 1930, at Brampton, Ont., Helen Hope Heggie (Toronto General Hospital, 1926), to Frederick H. Burbridge, of Brampton, Ont.

CARMICHAEL—CUNNEYWORTH — On October 4th, 1930, at Toronto, Margaret Alyce Cunneyworth (Toronto Western Hospital, 1924), to Gordon Angus Carmichael.

CASSON—BURTON—In July, 1930, at Toronto, Guida Burton (Hospital for Sick Children, Toronto, 1928), to Clare Casson.

CHOWN—TOMLIN—On September 16th, 1930, at Toronto, Audrey Laura Tomlin (Toronto Western Hospital, 1919), to William Charles Chown.

CLARKE—WARD—On October 7th, 1930, at Arnprior, Ont., Elsie Ward (Royal Victoria Hospital, Montreal, 1929), to Fred Clarke, of Ottawa.

CROWE—MOIR—In September, at Montreal, Mary Moir (Royal Victoria Hospital, Montreal, 1926), to Douglas Crowe, D.D.S., of Montreal.

DE SHANE — ALFORD — Recently, at Belleville, Ont., Rhoda Alford (Belleville General Hospital, 1925), to Roy De Shane.

ELLIS—WESTON — On September 29, 1930, at Lorlie, Sask., Leslie Weston (Regina General Hospital, 1928), to Warren J. Ellis.

ELLYATH—YELF—Recently, in London, Ont., Anna Ada Yelf (Victoria Hospital, London, 1928), to Howard Ellyath, of London, Ont.

FARRELL—BAILEY—In August, Katherine Bailey (Hamilton General Hospital, 1928), to Leslie Farrell, of Grimsby.

FAVELL—WADDELL—On September 16, 1930, at Moose Jaw, Sask., Margaret Waddell (Regina General Hospital, 1922), to James E. Favell.

GREEN—BINION—On September 19th, 1930, at Toronto, Kathleen Binion (St. Michael's Hospital, Toronto, 1926), to Francis Green, of Toronto.

HALL—OSMOND—On May 14th, 1930, at Vancouver, Dorothy Osmond (Children's Memorial Hospital, Montreal, 1922), to Dr. N. Bathurst Hall, of Vancouver.

HILL—HUNT—On September 7th, 1930, at Aylmer, Ont., Laura Adeline Hunt (Hamilton General Hospital, 1927), to Francis D. Hill, of Hamilton.

JAMIESON—COUTTS — On August 16, 1930, at Conn, Ont., Anna Coutts (Hamilton General Hospital, 1926), to Dr. William Dawson Jamieson, of Brussels, Ont.

KIRK—RODERICK—On June 2, 1930, at Ganonoque, Ont., Edna Roderick (Children's Memorial Hospital, Montreal, 1930), to Dr. Claude M. Kirk, of Antigonish, N.S.

KITCHEN—IRONSIDES—On August 9th, 1930, at New York, Lela Ironsides (Victoria Hospital, London, Ont.), to Dr. S. F. Kitchen.

KRONE—RICHARDS—In September, at Waterdown, Ont., Laura Gertrude Richards (Hamilton General Hospital, 1926), to David Nelson Krone, of Chicago.

LINLEY—GIBBERD—On September 6th, 1930, at London, Ont., Edith Frances Gibberd (Victoria Hospital, London, 1928), to George Harold Linley.

McEACHERN—CLUFF — On September 15th, 1930, at Montreal, Florence Cluff (Montreal General Hospital, 1923), to Mr. McEachern.

MITTON—MacLEOD—On August 14th, 1930, at London, Alice Alexandra MacLeod (Victoria Hospital, London, 1928), to Charles Henry Mitton, of Kirkland Lake, Ont.

PEPPER—HIGGINS—On September 10, 1930, at Severn Bridge, Ont., Isabel Higgins (Hamilton General Hospital, 1928), to Edward Bert Pepper, of Niagara Falls, Ont.

RETALLACK—NURSE — On September 27th, 1930, at Montreal West, Marie K. Nurse to Norman M. Retallack.

RILEY—MacDONALD — On August 2, 1930, at Pictou, N.S., Annie Jean MacDonald (Hospital for Sick Children, Toronto, 1925), to Rolland Lewis Riley.

ROSS—BECKWITH—In August, at Halifax, N.S., Mollie Beckwith (Royal Victoria Hospital, Montreal, 1929), to John Ross, of Montreal.

SELDON—EATON—On August 25, 1930, at Whitby, Ont., Gladys Eaton (Oshawa General Hospital, 1929), to Harold Seldon.

SMITH—TAYLOR—On April 9th, 1930, at New York, Elsie Taylor (St. Michael's Hospital, Toronto), to Herbert Smith, of Toronto.

SNOW—WALKER — On September 28, 1930, at Toronto, Marjorie Jessie Walker (Toronto Western Hospital, 1928), to Charles George Snow.

STALKER—HYLAND—On September 10, 1930, at Vancouver, Irma Hyland (Vancouver General Hospital, 1929), to Dr. H. Stewart Stalker.

TAYLOR—BURNS — On September 13, 1930, at Toronto, Mary Robina Burns (Toronto Western Hospital, 1921), to Albert E. Taylor.

TURNER—PAYNE—On September 20, 1930, at Montreal, Sadie Payne (Montreal General Hospital, 1926), to Dr. Cecil Turner.

WATSON—HALES—Recently, at Belleville, Ont., Mae Hales (Belleville General Hospital, 1926), to Ernest Watson, of Peterboro, Ont.

WIDER—MacVEAN — On August 9th, 1930, at Brooklyn, N.Y., Frances MacVean (St. Michael's Hospital, Toronto, 1923), to Captain Allan Wider.

WILLESCROFT—WALLACE — In September, at Hamilton, Ont., Jane Wallace (Royal Victoria Hospital, Montreal, 1929), to Dr. Burton Williscroft.

YOUNG—O'HARA—On August 7th, 1930, at Brampton, Ont., Mary O'Hara (St. Michael's Hospital, Toronto, 1928), to Owen James Young, of Brampton, Ont.

DEATHS

BENNETT—On August 16th, 1930, at the home of her parents, Calumet, Quebec, after a long illness, Eleanor Bennett (Woman's General Hospital, Montreal, 1928).

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Province of Ontario

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REGISTERED NURSES ASSOCIATION OF NOVA SCOTIA

President, Miss Margaret E. MacKenzie, 315 Barrington St., Halifax; First Vice-President, Miss A. E. Fenton, Dalhousie Health Clinic, Halifax; Second Vice-President, Miss Edna Hurst, Canso; Third Vice-President, Miss I. B. Andrews, City Hospital, Sydney; Recording Secretary, Miss L. G. Hall, 344 Gottingen St., Halifax; Treasurer and Asst. Secretary, Miss L. F. Fraser, Eastern Trust Bldg., Halifax.

REGISTERED NURSES' ASSOCIATION OF ONTARIO (Incorporated 1925)

President, Miss E. Muriel McKee, Brantford General Hospital, Brantford; First Vice-President, Miss Mary Millman, 309 City Hall, Toronto; Second Vice-President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; Secretary-Treasurer, Miss Matilda Fitzgerald, Apt. 29, 917 St. Clair Ave. W., Toronto. District No. 1: Chairman, Miss Nellie Gerard, 911 Victoria Ave., Windsor; Secretary-Treasurer, Mrs. J. Harrison Shanks, 339 North Russell St., Sarnia. District No. 2: Chairman, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; Secretary-Treasurer, Miss Hilda Booth, Norfolk General Hospital, Simcoe. District No. 4: Chairman, Miss Edith Rayside, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Norman Barlow, 134 Catherine St., S., Hamilton. District No. 5: Chairman, Miss Ethel Greenwood, 36 Homewood Ave., Toronto; Secretary-Treasurer, Mrs. F. E. Atkinson, 326 Beech Ave., Toronto. District No. 6: Chairman, Miss Florence Fitzgerald, 90 Chatham St., Belleville; Secretary-Treasurer, Miss Florence McIndoo, General Hospital, Belleville. District No. 7: Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Marjorie Evans, 103 Gore St., Kingston. District No. 8: Chairman, Miss Alice Ahern, Metropolitan Life Insurance Co., Ottawa; Secretary-Treasurer, Miss A. C. Tanner, Civic Hospital, Ottawa. District No. 9: Chairman, Miss Margaret Kennedy, Box 233 Sturgeon Falls; Secretary-Treasurer, Miss C. McLaren, Box 102, North Bay. District No. 10: Chairman, Miss Anne Boucher, 280 Park St., Port Arthur; Secretary-Treasurer, Miss Rona Wade, McKellar General Hospital, Fort William.

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC (Incorporated 1920)

Advisory Board, Misses M. A. Samuel, L. C. Phillips Mabel F. Hersey and Rev. Mother Mailloux; President, Miss Mabel K. Holt, Montreal General Hospital, Vice-President (English), Miss Margaret L. Mong; V.O.N., Montreal; Vice-President (French), Mdlle. Rita Guimont, Hôpital St. Lac, Montreal; Hon. Recording Secretary, Miss Grace R. Martin, Royal Victoria Hospital, Montreal; Hon. Treasurer, Miss Olga V. Lilly, Royal Victoria Montreal Maternity Hospital; Other members, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Miss C. M. Ferguson, Alexandra Hospital, Montreal; Miss A. S. Kinder, Children's Memorial Hospital, Montreal; Rev. Soeur Robert, Hopital Notre Dame, Montreal; Mdlle. Anysie Deland, Institute Bruchesi, Montreal. Nursing Education Section (English), Miss Ethel Sharpe, Royal Victoria Hospital, Montreal; (French), Rev. Soeur Augustine, Hopital St. Jean-de-Dieu, Montreal; Private Duty Section (English), Miss C. M. Watling, 1230 Bishop Street, Montreal; (French), Mlle. Panet-Raymond, 652 Hartland Ave., Montreal; Public Health Section, Miss Isabel S. Manson, School for Graduate Nurses, McGill University, Montreal; Board of Examiners, Convener, Miss C. V. Barrett, R. V. H. M. M. H. Montreal; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Suite 221, 1396 St. Catherine Street West, Montreal.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION. (Incorporated March, 1927.)

President, Miss Elizabeth Smith, Normal School, Moose Jaw; First Vice-President, Miss McGill, Normal School, Saskatoon; Second Vice-President, Miss R. M. Simpson, Department of Public Health, Parliament Buildings, Regina; Councillors, Sister O'Grady, Grey Nuns' Hospital, Regina; Miss Montgomery, Sanatorium, Prince Albert, Sask.; Conveners of Standing Committees: Public Health, Miss M. E. Grant, 922 9th Ave., Saskatoon; Private Duty, Miss C. M. Munro, Coronation Court, Saskatoon; Nursing Education, Miss G. M. Watson, City Hospital, Saskatoon; Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina.

CALGARY ASSOCIATION OF GRADUATE NURSES

Hon. President, Mrs. Stuart Brown; President, Miss J. B. von Gruenigan; First Vice-President, Miss Lynn; Second Vice-President, Miss Barber; Treasurer, Miss M. Watt; Recording Secretary, Mrs. B. J. Charles; Corresponding Secretary, Miss Jackson; Registrar, Miss D. Mott, 616 15th Ave. W.; Convener Private Duty Section, Miss H. Richards.

EDMONTON ASSOCIATION OF GRADUATE NURSES

President, Mrs. K. Manson; First Vice-President, Miss Welsh; Second Vice-President, Miss Blanche A. Emerson; Recording Secretary, Miss Davidson; Corresponding Secretary, Miss M. Staley, 9904 103rd St.; Treasurer, Miss S. C. Christensen, 11612 94th St.; Registrar, Miss A. Sproule; Programme Committee, Miss Ida Johnson; Sick Visiting Committee, Miss J. Chinnick.

MEDICINE HAT GRADUATE NURSES' ASSOCIATION

President, Mrs. D. M. Smith; First Vice-President, Mrs. C. Anderson; Second Vice-President, Mrs. J. Tobin; Secretary, Miss M. E. Hagerman, City Court House, 1st St.; Treasurer, Miss Edna Auger; Convener of New Membership Committee, Miss M. Hart; Convener of Flower Committee, Miss M. Murray; Correspondent, "The Canadian Nurse", Miss F. Smith.

Regular Meeting—First Tuesday in month.

A.A., ROYAL ALEXANDRA HOSPITAL, EDMONTON, ALTA.

Hon. President, Miss F. Munroe; President, Miss I. Johnson; First Vice-President, Mrs. Godfrey; Second Vice-President, Miss G. McDiarmid; Recording Secretary, Miss V. Chapman; Corresponding Secretary, Miss M. Graham, Royal Alexandra Hospital; Treasurer, Miss E. English, Magee Block, Edmonton.

VANCOUVER GRADUATE NURSES ASSOCIATION

President, Miss M. Duffield, 3760 11th Ave. W.; First Vice-President, Miss E. Cameron; Second Vice-President, Miss O Cotsworth; Secretary, Mrs. J. A. Westman, 4697 Belmont Ave.; Treasurer, Miss L. Archibald; Councillors, Misses M. P. Campbell, M. Dutton, J. Matheson, M. McLane, L. A. Stocker; Conveners of Committees: Directory, Miss E. Frost; Social, Misses M. G. Laird and Flahiff; Programme, Misses F. Verchers, M. Kerr, M. Wisener; Sick Visiting, Miss McLennan, Miss Rogerson; Ways and Means, Mrs. M. Farrington, Misses O. Kitteringham and L. Brand; Creche, Local, Miss E. E. Lumsden. Representative to The Canadian Nurse, Miss M. Ewart; Representative to Local Council of Women, Mrs. Ramsay.

A.A., ST. PAUL'S HOSPITAL, VANCOUVER

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Annable; President, Miss Kitty B. Mosdell; Vice-President, Miss Elizabeth Berry; Secretary, Miss Evelyn Dee; Asst. Secretary, Miss Isabel Todd; Secretary-Treasurer, Miss Mildred A. Cohoon; Executive, Misses M. McDonald, B. Geddes, E. Reilly, G. Armson, D. Hall, A. Webb, E. Hanafin and A. Jordon.

A.A., VANCOUVER GENERAL HOSPITAL VANCOUVER, B.C.

Hon. President, Miss Grace Fairley; President, Miss O. Cotsworth, 1135 12th Ave., W. Vancouver; First Vice-President, Miss Blanche Harvie; Second Vice-President, Miss Mary McLane; Secretary, Miss Dorothy Coughlin, 1201 Georgie St.W.; Asst.Secretary Mrs. Hugh Macmillan; Treasurer, Mrs. George Walker, 4534 Belleveue Drive, Vancouver; Committee Conveners: Programme, Mrs. Rae Gordon; Refreshment, Mrs. Grant Gunn; Sewing, Mrs. Frank Faulkner; Sick Visiting, Miss Charlotte Whittacker; Bonds, Mrs. John Granger; Press, Miss Blanche Hastings; "The Canadian Nurse," Miss Mary Stevenson; Nurses Directory, Mrs. Wilson; Women's Building, Mrs. W. A. Rundle.

BRANDON GRADUATE NURSES ASSOCIATION

Hon. President, Miss E. M. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss M. Finlayson; First Vice-President, Miss H. Meadows; Second Vice-President, Mrs. L. C. Ferrier; Secretary, Mrs. S. Pierce; Treasurer, Miss I. Fargey, 302 Russell St., Brandon; Conveners of Committees: Social, Miss T. Hill; Sick Visiting, Miss M. Trotter; Welfare Representative, Miss M. Houston; Private Duty, Miss D. Longley; Blind, Mrs. Darrach; Cook Books, Miss Gemmell; Press Representative, Miss A. Hicks; Registrar, Miss C. Macleod.

A.A., ST. BONIFACE HOSPITAL, ST. BONIFACE, MAN.

Hon. President, Rev. Sr. Mead, St. Boniface Hospital; Hon. Vice-President, Rev. Sr. Krause, St. Boniface Hospital; President, Miss S. Wright, 340 St. Johns Ave., Winnipeg; First Vice-President, Miss E. Shirley, King George Apts.; Second Vice-President, Miss I. Muir, 184 River Avenue; Secretary, Miss Ellen M. Farrell, Ste. 6 Holyrood Crt., Winnipeg; Treasurer, Miss B. Stanton, Ste. 37 Dalkeith Apts.; Conveners of Committees, Social, Miss B. Mallory, 31 Fawcett St.; Refreshment, Miss J. Jonasson, 72 Sherburn St.; Sick Visiting, Miss R. McKay; Representative to Local Council of Women, Miss S. Wright; Representative to Manitoba Nurses Central Directory Committee, Miss T. Chambers, 753 Wolseley Ave.; Press and Publication, Miss M. Meehan, 753 Wolseley Ave.

Meetings—Second Wednesday each month, 8 p.m., St. Boniface Nurses Residence.

A.A., WINNIPEG GENERAL HOSPITAL

Hon. President, Mrs. W. A. Moody, 97 Ash St.; President, Mrs. J. A. Davidson, 39 Westgate; First Vice-President, Mrs. S. Harry, Winnipeg General Hospital; Second Vice-President, Miss I. McDiarmid, 363 Langside St.; Third Vice-President, Miss E. Gordon, Research Lab., Medical College; Recording Secretary, Miss C. Briggs, 70 Kingaway; Corresponding Secretary, Miss M. Duncan, Winnipeg General Hospital; Treasurer, Mrs. H. I. Graham, 99 Euclid St.; Sick Visiting, Miss W. Stevenson, 535 Camden Place; Programme, Miss C. Lethbridge, 877 Grosvenor Ave. Membership, Miss A. Pearson, Winnipeg Genera Hospital.

A.A., GALT HOSPITAL, GALT, ONT.

Hon. President, Miss Jamieson; President, Miss M. King; First Vice-President, Miss A. Renwick; Second Vice-President, Mrs. D. Scott; Secretary, Mrs. F. Roloefson; Treasurer, Miss G. Rutherford; Programme Committee: Convener, Mrs. E. V. Brown, Miss Hopkinson and Miss Blogden.

A.A., KITCHENER AND WATERLOO GENERAL HOSPITAL

Hon. President, Mrs. J. Westwell; President, Miss M. Snider; First Vice-President, Mrs. V. Snider; Second Vice-President, Mrs. R. Petch; Secretary, Mrs. L. G. Bauman, 53 Agnes St., Kitchener; Asst. Secretary, Miss A. Bechtel; Treasurer, Miss K. Grant; The Canadian Nurse, Mrs. L. Kieswetter.

THE EDITH CAVELL ASSOCIATION OF LONDON, ONT.

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FLORENCE NIGHTINGALE ASSOCIATION, TORONTO

President, Miss B. Hutchison; Vice-President, Miss Helen Campbell; Secretary, Miss M. G. Colborne, 169 College St.; Treasurer, Miss Clara Dixon, 2111 Bloor St. W.; Councillors, Misses Edith Campbell, H. Meiklejohn, I. Wallace, Mary Walker, Irene Hodges and Miss R. Sketch.

DISTRICT No. 8, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss Alice Ahern; Vice-Chairman, Miss D. M. Percy; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses M. Stewart, E. A. Pepper, N. Lewis, Mary Slinn, G. Woods, and Miss F. Nevins; Conveners of Committees: Membership, Miss N. Lewis; Publications, Miss F. Nevins; Finance, Miss E. A. Pepper; Nursing Education, Miss G. M. Bennett; Private Duty, Miss M. Slinn; Public Health, Miss D. M. Percy; Representative to Board of Directors, R.N.A.O., Miss A. Ahern.

DISTRICT No. 10, REGISTERED NURSES ASSOCIATION OF ONTARIO

Chairman, Miss A. Boucher; First Vice-President, Mrs. F. Edwards; Second Vice-President, Miss M. Flannigan; Secretary-Treasurer, Miss R. Wade; Conveners of Committees: Nursing Education, Miss B. Bell; Public Health, Miss V. Lovelace; Private Duty, Miss I. Sheehan; Publication, Miss J. Hogarth; Membership, Miss C. McNanara, Miss M. Hetherington; Social, Miss M. Racey, Miss V. Lovelace; Representative to Board of Directors Meeting R.N.A.O., Miss A. Boucher.

Meetings held first Thursday every month.

A.A., BELLEVILLE GENERAL HOSPITAL

Hon. President, Miss Florence McIndoo; President, Miss H. Stacey; Vice-President, Miss A. Derbyshire; Secretary, Miss B. Cryderman; Treasurer, Miss V. Babcock; Flower Committee, Miss H. Fitzgerald; Representative, "The Canadian Nurse," Mrs. C. Arnott.

Regular meeting held first Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

A.A., BRANTFORD GENERAL HOSPITAL

Hon. President, Miss E. Muriel McKee, Superintendent; President, Miss Marion Cuff; Vice-President, Miss Madeline Waghorn; Secretary, Miss Hilda Muir; Asst. Secretary, Miss Natalie Lockman; Treasurer, Miss Jean Davidson; "The Canadian Nurse" Representative, Miss Nellie Yardley; Press Representative, Miss Anne Hardisty; Flower Committee, Miss Ida Martin, Miss Florence Stuart; Gift Committee, Mrs. D. A. Morrison, Mrs. A. A. Matthews; Social Convener, Mrs. W. H. Langton.

A.A., BROCKVILLE GENERAL HOSPITAL

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A.A., ST. JOSEPH'S HOSPITAL, CHATHAM, ONT.

Hon. President, Mother St. Roch; Hon. Vice-President, Sister M. Loretta; President, Mrs. Pearl Johnston; Vice-President, Miss Jean Lundy; Secretary, Miss Irene Gillard, 52 Raleigh St., Chatham; Treasurer, Miss Jean Bagnell; Executive, Misses Jessie Ross, Katherine Dillon and Agnes Harrison; Flower Committee, Miss Felice Richardson and Mona Middleton; Representative to "The Canadian Nurse," Miss Jessie Ross; Representative, District No. 1, R.N.A.O., Miss Hazel Gray.

A.A., CORNWALL GENERAL HOSPITAL

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A.A., ROYAL ALEXANDRA HOSPITAL, FERGUS

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A.A., GUELPH GENERAL HOSPITAL

Hon. President, Miss M. F. Bliss, Supt., Guelph General Hospital; President, Miss L. Ferguson; First Vice-President, Miss I. Inglis; Second Vice-President, Miss L. Sprowl; Secretary, Miss Josephine Pierson, 62 Derry St., Guelph; Treasurer, Miss J. Watson; Flower Committee, Misses Ethel Eby, M. Creighton and G. Badke; Correspondent to "The Canadian Nurse," Miss A. L. Fennell.

A.A., HAMILTON GENERAL HOSPITAL

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Mrs. Norman Barlow, 134 Catherine St. S.; Vice-President, Miss Annie Boyd, 607 Main St. E.; Recording Secretary, Miss Betty Aitken, 44 Victoria Ave. S.; Corresponding Secretary, Miss Janie I. Cordner, 70 London Ave. N.; Treasurer, Miss Christine G. Inrig, Hamilton General Hospital; Treasurer, Mutual Benefit Association, Miss M. L. Hannah, 25 West Ave. S.; Executive Committee, Miss Pegg (Convener), Misses Baird, Walker, Murray, Mrs. Johnson; Registry Committee, Mrs. Hess (Convener), Misses G. Hall, A. Nugent, Armstrong; Programme Committee, Miss Watt (Convener), Misses Call, Buchanan, Squires, Armstrong, J. Patterson, Mrs. Regan; Flowers and Visiting Committee, Miss Squires (Convener), Misses Gowling and Burnett; Representatives to Local Council of Women, Misses Burnett, Sadler, Buckbee, Mrs. Hess; Representatives to The Canadian Nurse, Miss Souter (Convener), Misses Carruthers and Atkins; Representative R.N.A.O. Private Duty, Miss G. Hall; Representative to Women's Auxiliary, Mrs. J. Stephens.

A. A., ST. JOSEPH'S HOSPITAL, HAMILTON,

Hon. President, Mother Martina; President, Miss E. Quinn; Vice-President, Miss H. Fagan; Treasurer, Miss I. Loyst, 71 Bay Street S.; Secretary, Miss M. Maloney, 31 Erie Avenue; Convener, Executive Committee, Miss M. Kelley; The Canadian Nurse, Miss Moran.

A.A., HOTEL DIEU, KINGSTON, ONT.

Hon. President, Rev. Sister Donovan; President, Mrs. Wm. Elder, Avonmore Apts.; Vice-President, Mrs. Vincent L. Fallon, 277 Earl Street; Secretary, Miss Genevieve Pelow, c/o Hotel Dieu; Treasurer, Miss Irene McDonald, 29 Pembroke St.; Executive Committee, Mrs. L. E. Crowley, Miss E. Smith; Miss K. McGarry; Visiting Committee, Misses O. McDermott and E. McDonald.

A.A., KINGSTON GENERAL HOSPITAL

First Hon. President, Miss E. Baker; Second Hon. President, Miss Louise D. Acton; President, Mrs. S. F. Campbell; First Vice-President, Mrs. G. H. Leggett; Second Vice-President, Miss A. Baillie; Treasurer, Mrs. C. W. Mallory, 203 Albert Street; Secretary, Miss Betty Houston, General Hospital; Press Representative, Miss Mary Wheeler, General Hospital; Flower Committee (Convener), Mrs. George Nicol, 355 Frontenac Street; Representative, Private Duty Section, Miss A. McLeod, 27 Pembroke Street.

KITCHENER AND WATERLOO REGISTERED NURSES' ASSOCIATION

President, Miss V. Winterhalt; First Vice-President, Miss M. Elliott; Second Vice-President, Mrs. W. Noll; Treasurer, Mrs. W. Knell, 41 Ahrens St.W.; Secretary, Miss E. Master, 13 Chapel St.; Representative to "The Canadian Nurse," Miss Hazel Adair, Kitchener and Waterloo Hospital.

A.A., ST. JOSEPH'S HOSPITAL, LONDON, ONT.

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A.A., VICTORIA HOSPITAL, LONDON, ONT.

Hon. President, Miss Nora MacPherson, Superintendent, Victoria Hospital School of Nursing; President, Miss Della Foster, 420 Oxford St.; First Vice-President, Miss Mary Yule, 151 Bathurst St.; Second Vice-President, Miss Christine Gillies, Victoria Hospital; Treasurer, Miss Edith Smallman, 814 Dundas St.; Corresponding Secretary, Miss Mabel Hardie, 182 Bruce St.; Secretary, Miss Isobel Hunt, 898 Princess Ave.; Representative to The Canadian Nurse, Mrs. S. G. Henry, 720 Dundas St.; Board of Directors, Mrs. C. J. Rose, Mrs. W. Cummins, Misses H. Hueston, H. Cryderman, E. Gibberd, A. MacKenzie; Representatives to Registry Board, Misses M. McVicar, S. Giffen, A. Johnston and W. Wilton.

A.A., NIAGARA FALLS GENERAL HOSPITAL

Hon. President, Miss M. S. Park; President, Mrs. F. Pow; First Vice-President, Mrs. H. R. Potter; Second Vice-President, Miss L. McConnell; Treasurer, Miss J. Smith; Secretary, Miss V. M. Elliott; Convener Sick Committee, Mrs. V. Wesley; Asst. Convener Sick Committee, Mrs. J. Taylor; Convener Private Duty Committee, Miss K. Prest.

A.A., ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Hon. President, Miss E. Johnston; President, Miss G. Went; First Vice-President, Miss M. Payne; Second Vice-President, Miss S. Dudenhoffer; Secretary-Treasurer, Miss M. B. MacLelland; Programme Committee, Misses C. Newton, A. Reekie, E. Mitchell and B. McFadden.

Regular Meeting—First Thursday of each month.

A.A., OSHAWA GENERAL HOSPITAL

Hon. President, Miss MacWilliams; President, Miss Ann Scott, 108 Division St., Oshawa; Vice-President, Mrs. E. Hare; Second Vice-President, Miss Olive Hanna; Secretary, Miss Elma Hogarth, 301 Celina St., Oshawa; Asst. Secretary, Mrs Douglas Redpath; Corresponding Secretary and Press Representative, Miss Robena Buchanan, 564 Mary St., Oshawa; Treasurer, Miss Jane Cole; Social Convener, Miss Ruby Berry; Visiting and Flower Convener, Miss Helen Hutchison; Convener, Private Duty Nurses, Miss Margaret Dickie; Representative, Hospital Auxillary, Mrs. B. A. Brown, Mrs. M. Canning, and Mrs. E. Hare.

A.A., ST. LUKE'S HOSPITAL, OTTAWA

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Miss Isobel Allan, 408 Slater Street, Ottawa; Treasurer, Mrs. Florence Ellis; Nominating Committee, Misses Mina MacLaren, Hazel Lyttle, Katherine Tribble.

A.A., LADY STANLEY INSTITUTE, OTTAWA (Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Miss Mabel M. Stewart, Royal Ottawa Sanatorium; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. G. O. Skuce, Britannia Bay, Ont.; Treasurer, Miss C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. MacGibbon, 114 Carling Ave.; Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home, Aylmer Ave.; "Canadian Nurse" Representative Miss A. Ebbs, 80 Hamilton Ave.; Representatives to Central Registry Nurses, Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Mrs. J. Waddell, 220 Waverley St.

A.A., OTTAWA CIVIC HOSPITAL

Hon. President, Miss Gertrude Bennett; President, Mrs. G. W. Dunning; First Vice-President, Miss Evelyn Pepper; Second Vice-President, Miss Elizabeth Graydon; Treasurer, Miss Winnifred Gemmill, 221 Gilmour St.; Recording Secretary, Miss Greta Wilson, 489 Metcalfe St.; Corresponding Secretary, Miss Gertrude Moloney, 301 First Ave.; Councillors, Misses Elizabeth Curry, Dorothy Kelly, Dorothy Moxley, Edna Osborne; Representatives to the Central Registry, Misses Inda Kemp, Dorothy Moxley; Convener of Membership Committee, Miss W. Gemmill; Convener of Flower and Visiting Committee, Miss D. Kelly; Press Correspondent, Miss E. Pepper.

A.A., OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sr. Flavie Domitille; President, Miss Juliette Robert; First Vice-President, Miss C. McDonald; Second Vice-President, Mrs. A. Latimer; Secretary-Treasurer, Miss Stella Kearns, 478 Cumberland Ave., Ottawa; Membership Secretary, Miss Pauline Bissonnette; Representatives to Local Council of Women, Mrs. C. L. Devitt, Mrs. A. Latimer, Mrs. E. Viau and Miss F. Nevins; Representatives to Central Registry, Miss L. Egan and Miss A. Stackpole; Representative to The Canadian Nurse, Miss Juliette Robert.

A.A., OWEN SOUND GENERAL AND MARINE HOSPITAL

Hon. President, Miss M. Sharpe; President, Miss E. Webster, 1022 4th Ave. W.; Vice-President, Miss M. Graham; Secretary-Treasurer, Miss M. McNicoll, 754 8th St. E.; Asst. Secretary-Treasurer, Mrs. D. J. McMillan; Flower Committee, Miss A. Mitchell, Mrs. E. Frost, Miss M. Story; Programme Committee, Miss M. Sim, Miss C. Thompson; Press Representative, Miss J. H. Currie.

A.A., NICHOLL'S HOSPITAL, PETERBORO

Hon. President, Mrs. E. M. Leeson; President, Miss F. Dixon; First Vice-President, Miss H. M. Anderson; Second Vice-President, Miss M. Reid; Treasurer, Miss Simpson; Secretary, Miss B. Smith; Corresponding Secretary, Miss E. B. Walsh, Nicholl's Hospital; Convener Social Committee, Miss A. Dobbin; Convener, Flower Committee, Miss E. McBrien.

A.A., SARNIA GENERAL HOSPITAL

Hon. President, Miss K. Scott; President, Miss C. Lougher; Vice-President, Miss L. Seigrist; Treasurer, Miss J. Hodgins; Secretary, Miss B. MacFarlane.

A.A., STRATFORD GENERAL HOSPITAL

Hon. President, Miss A. M. Munn; President, Miss Myrtle Gibb; Vice-President, Miss C. Staples; Secretary Treasurer, Miss F. Fairs; Flower Committee, Misses I. Hunter and E. Ham; Correspondent, Miss D. Hymers.

A.A., MACK TRAINING SCHOOL ST. CATHERINES

Hon. President, Miss Anne Wright, Superintendent, General Hospital; President, Miss Helen Brown, General Hospital; First Vice-President, Miss Marriott, 94½ Queenston St.; Second Vice-President, Mrs. E. Dewar, 39 Marquis St.; Secretary-Treasurer, Miss Florence McArter, General Hospital; Asst. Secretary-Treasurer, Mrs. Charles Hesburn, 54 George St.; "The Canadian Nurse" Representative, Miss Aleda Brubaker, 29 Page St.; "The Canadian Nurse" Subscriptions and Press Correspondent, Mrs. S. Ockenden, 4 Beech St.; Social Committee, Mrs. R. E. Elderkin (Convener), Mrs. G. I. Zumstein, Mrs. F. Newman, Mrs. N. Buchanan; Programme Committee, Miss Tuch (Convener), Miss Moyer, Mrs. W. Durham.

A.A., MEMORIAL HOSPITAL, ST. THOMAS

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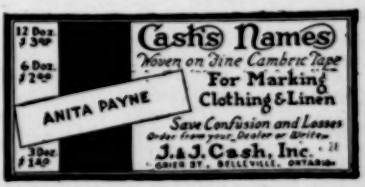

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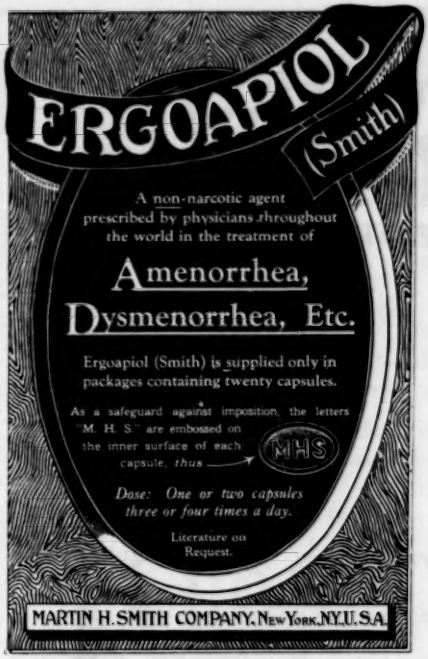
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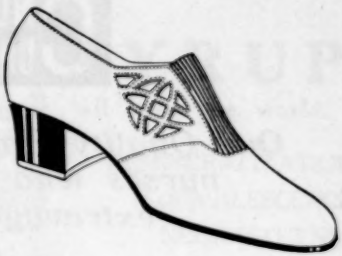
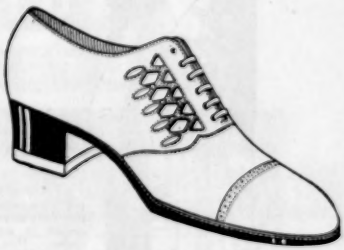


Elastic gore, turn-sole cut-out, for dressy wear, beech tan and black kid—$12.00.



Cut-out Oxford, welt sole. Black and medium tan kid—$12.00 *and* $12.50

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